# 122000263014

(Re	questor's Name)	
(Ad	dress)	
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### **COVER LETTER**

TO:	Registration Section
	Division of Corneration

SUBJECT: CLEAR CHOICE GLASS SPECIALISTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

	Corpor	ate Maintenance Le	ad
	Proc	essing Department	- ·····
	1	450 Vassar St	2022 .
		Address	
		Reno, NV 89502 City/State and Zip Code	10 P
	E-mail address: (	to be used for future annual report noti	fication)
	oncerning this matter, please co	all: at ( 800 ) 638-2320	77
	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ASS SPECIALISTS LLC	
(Name of the Limited Liability Com	npany as it now appears on our records.) ed Liability Company)	<u></u>
(A FIORGA LAIMC	ed Elabinty Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on L22000263014	and assigned
Florida document number 06/08/22	-	
Fiorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li-	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		722 <b>.</b>
		88 6
Enter new mailing address, if applicable:		ng 💂 🔟
		·- (A)
(Mailing address MAY BE A POST OFFICE BOX)		03.03 11.13 13.14.1
		<u>DM -</u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h  Name of New Registered Agent:		the name of the nev
New Registered Office Address:		
	Enter Florida street address	
	Florida	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:	
I hereby accept the appointment as registered agent and a	gree to act in this capacity. I further a	gree to comply with the
provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a	ete performance of my duties, and I am	familiar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nicolas Benevento	5464 Nw Model Ct	
		Port Saint Lucie	☐ Remove
		FL, 34986	
			Remove
			From Gange
			Remove C
			Charles
			Add
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			Change

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Filing Fee: \$25.00