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COVER LETTER

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Tallahassee, FL 32314

TO: Registration S Division of Co				
Power Aut SUBJECT:	to Glass, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	-		
	Melisssa Gerardo Reynoso)		
		Name of Person		
		Firm/Company		
	20436 SW 93 Avenue			
		Address		
	Cutler Bay, FL 33189			
	reyfam0627@gmail.com	City/State and Zip Code		
	E-mail address: (to be used for future annual	report notification)	
For further information	concerning this matter, please c	all:		
Melissa Gerardo Reynos	so	786 28 at ()	0-4743	
Name (of Person	Area Code	Daytime Telepho	ne Number
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street A		
Registration Division of C			ration Section on of Corporation	ne
P.O. Box 632			ntre of Tallahas	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUL 20 AM 9: 14

Power Auto Glass, LLC	·	र विस्≉्र क्रिकेट विस्कृत			
(Name of the Limited Liability Compa (A Florida Limited L	ny <mark>as it now appears on our record</mark> liability Company)	15.)			
The Articles of Organization for this Limited Liability Company	were filed on 7/14/2022	and assigned			
florida document number L22000314325					
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited liabi	lity company here:				
outh Dade Auto Glass, LLC					
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."			
nter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRESS)					
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new registe			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street addres	ıs			
	, Florida				
	City	Zip Code			
iew Registered Agent's Signature, if changing Registered Agent:					
hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	e to act in this capacity. I fu performance of my duties, a	rther agree to comply with nd I am familiar with and			

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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 Changing Registered Agent, Signature of New Registered Agent

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
		··	□Add
			□ Remove
			Change
			□Add
		 	□Remove
			□Change
			□Add
			□ Remove
			☐ Change
			□Remove
			Change
			□Add
			ElChange
			DAdd
			🗖 Remove
			ClCharm

Effective date, if other than the date of filing: [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as Jocument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. Signature of a member or authorized representative of a member Melissa Gerardo Reynoso				_			
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