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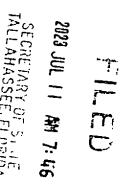
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COVER LETTER .

Division of Corporations
SUBJECT: Automytile Reducement Glass Depot LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Antion White, Name of Person
Automotive Replaceant Glas Pepot LLC Firm Company NW 62nd Street, STE
1451 NW 62nd Street STE 300 Address
Fort Louded Me HL 33309 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Antim White Name of Person at (954) (987-6945 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\$30.00 Filing Fee \$\$\$ Certificate of Status \$\$ Certified Copy (additional copy is enclosed) \$\$ Certified Copy (additional copy is enclosed)
Mailing Address: Revistration Section Revistration Section

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

TO:

Registration Section

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2300015753</u> .	were filed on $1-6\cdot23$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Fort Lowdersale, FL 35369
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1451 MN loand Street STE300 Fort Lodge ONE, FL 33509
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 1451	(W Gand Street STE300 for Established) Enter Florida street address
Fort La	Enter Florida street address A Color City Tip Code
New Registered Agent's Signature, if changing Registered Agent:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and 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 decumber 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

TRIOA

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>	Name	Address	Type of Action
MGR	Williams, Rashawna	1451 W. Cypress (rek RE	<u>√</u> □Add
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		33309	l ⁻ lChange
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	OMAUZ		
		FL 33309	[]Change
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