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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
☐ PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	





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08/28/23--01026--016 **25.00

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IMPORTANT NOTICE

PLEASE SEND ALL DOCUMENTS –
APPROVED OR REJECTED TO THE ADDRESS
BELOW.

INC AUTHORITY S ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

Inc Authority Florida

TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Friday, August 18, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment

For: AUSBURN'S AUTO GLASS, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

COVER LETTER

TO:

TO:	Registration Se Division of Cor			
SUBJE	ECT: <u>AUSBUF</u>	RN'S AUTO GLASS, LL	C	
		Name of Lim	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Corpor	ate Maintenance Le	ad
		·	Name of Person	
		Proc	essing Department	
			Firm/Company	
		1	450 Vassar St	
		<u> </u>	Address	
			Reno, NV 89502	
			City/State and Zip Code	
		E mail addesses t	to be used for future annual report note	thousand a second
For fur	rther information e	oncerning this matter, please co	·	neattorn
1 (7) (4)	inci miormation c	oncerning this matter, prease ex		
		ing Department	at (800) 638-2320	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	JTO GLASS, LLC
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)
he Articles of Organization for this Limited Liability Compan	y were filed on 08/04/23 and assigned
lorida document number L23000368112	
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited lia	bility company here:
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	2013
Principal office address MUST BE A STREET ADDRESS)	ت ن
	
	<u> </u>
nter new mailing address, if applicable:	2
Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
. If amending the registered agent and/or registered orgistered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:	
	. Florida
-	City Zip 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 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>	<u>Address</u>	Type of Action
MGR	Christopher Ausburn	11520 US-92_LOT C2	
		Seffner, FL 33584	Remove
			Change
	•		Remove
	,		Change
		<u> </u>	Remove
			Change
			Add
			Remove
			Change
		.	
			Remove
			Change
			☐ Remove
			□ Change

Effective date, if other than the date of filing: N/A (optional) If an effective date, if other than the date of filing: N/A (optional) If an effective date is tisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 020 Note: If the date inserted in this block does not meet the applicable statutory (filing requirements, this date will not be listed as document is effective date on the Department of State's records. The 90th day after the record is filed. Dated 3///3/2027 Signature of a member or authorized representative of a member Charles Ausburn	Aug It am	13. 2023 4:549M No. 8655 P. 1 hending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: N/A (optional) If 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 605 020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated 3//8/2023 Signature of a member or authorized representative of a member		
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Dated 5/18/2023 Signature of a member or authorized representative of a member	Note:	rective 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
Signature of a member of authorized representative of a method		
Signature of a member of authorized representative of a method	Dated	a 8/18/2023
Signature of a member of authorized representative of a method		CMM.
		Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00