L23000458446

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) DICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
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Office Use Only



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10/17/23--01009--004 **25.00

COVER LETTER

DR GLASS SUBJECT:	LLC		
30b31;c1:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	RODNEY J STEELE		
		Name of Person	
	DR GLASS LLC		
		Firm/Company	
	252 2ND AVE LOT 10		
		Address	
	LABELLE, FL 33935		
		City/State and Zip Code	
	STEELEREAPER@YAHO		
	E-mail address: (to be used for future annual report noti	ification)
For further information co	neerning this matter, please ca	all:	
		21 (
Name of	Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for the	e 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)

TO:

Registration Section **Division of Corporations**

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

Street Address: 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

FILED 2023 OCT 17 PM 1: 19

DR GLASS LLC

(Name of the Limited Liability Company as it now appears on our records.) A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on OCTOBER 4TH, 2023 __ and assigned Florida document number 1.23000458446 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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	RODNEY J STEELE	252 2ND AVE LOT 10, LABELLE, FL 33935	
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			□Change
···			🗀 Add
			□Remove
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing nete: If the date inserted in this block does not meet the applicable statutor cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 is filed.	a.m. on the earlier of: (b) The 90th day after the
ted OCT o Bost 12 2023	
Signature of a member or authorized represe	ntative of a member