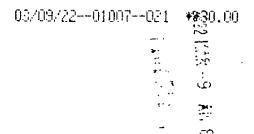
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(F	Requestor's Name)
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٩)	Address)
	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Ocument Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
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Office Use Only



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COVER LETTER

TO: Registra Division		ction porations		
CORTER BED CAME		Glass, LLC		
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed Arti	icles of	Amendment and fee(s) are sub	amitted for tiling	
		ndence concerning this matter	_	
		Daniel R. Medina		
			Name of Person	
		NCF Auto Glass, LLC		
		· -	Firm/Company	
		4435 NE 29th Street		
		- .	Address	_
		Ocala, FL 34470		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For further inform	nation co	oncerning this matter, please c	all:	
Daniel R. Medina	a		609 456-8482	
	Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed is a chec	ck for th	e following amount:		
□ \$25.00 Filing	; Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing</u> Registr			Street Address: Registration Se	ection
Divisio	n of C	orporations	Division of Co	rporations
P.O. Bo Tallaha		7 FL 32314	The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NCF Auto 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 $\frac{01/11/2022}{1}$ and assigned Florida document number 1.22000024976 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 "LLC." 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 , Florida

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>	Name	Address	Type of Action
MGR	Daniel R. Medina	4435 NE 29th Street	≅Add
		Ocala, FL 34470	□Remove
MGR Ingrid Y. Medina	Ingrid Y. Medina	4435 NE 29th Street	≣Add
0		Ocala, FL 34470	□Remove
			□Change
AMBR	Daniel R. Medina	4435 NE 29th Street	2022 ■ Add
		Ocala, FL 34470	□Remove
			☐ □ Change
AMBR	Ingrid Y. Medina	4435 NE 29th Street	☐ P3 ☐ C7 ■Add
		Ocala, FL 34470	□Remove
	· · · · · · · · · · · · · · · · · · ·	□Change	
			🗀 Add
		Remove	
		Change	
		□Add	
			Remove
			□Change

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ective date, if other than n effective date is listed, the date	the date of filing:	of tiling or more than 90 days after filing) 2.) Pursuant to 605.020
	s block does not meet the applicable sta e Department of State's records.	ntutory filing requirements, this date	e will not be listed a
ecord specifies a delayed effe is filed.	ctive date, but not an effective time, at I	12:01 a.m. on the earlier of: (b) T	he 90th day after the
ted March 1st	. 2022		
	Signature of a member or authorized re	presentative of a member	

Filing Fee: \$25.00

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Effective date, if other than the fan effective date is listed, the date many the list of the date inserted in this bedocument's effective date on the I	ist be specific and cannot lock does not meet t	the applicable s	of filing or more the	optional (optional on 90 days after filing tirements, this date	.) Pursuant to 605.0207
e record specifies a delayed effecti d is filed.	ve date, but not an ef	ffective time, at	: 12:01 a.m. on the	earlier of: (b) T	he 90th day after the
March 1st	20	122			
Dan	iel Med	dina			
					
	Signature of a memb	er or authorized i	representative of a n	ember	

Filing Fee: \$25.00