## L03000015026

(Rec	questor's Name)	
(Add	iress)	
(Add	lress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Cópies	Certificates	s of Status
Special Instructions to F	iling Officer:	
iu.		

Office Use Only



600199788286

04/04/11--01016--001 \*\*25.00

11 APR - L AH II: 42

B. BOSTICK

APR 5 2011

EXAMINER

## COVER LETTER

TO:

TO:	Registration S Division of Co						
SUBJE	ECT:	Bob's	s Glass LLC				
SCHOL	<u> </u>	Name of Limi	ted Liability Company				
The end	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please	return all corresp	ondence concerning this matter	to the following:				
		Kim C	C. Booker, Attorney at La	w	_		
			Name of Person				
		Boo	oker & Associates, P.A.		_		
			Firm/Company				
	1019 Town Center Drive, Suite 201		_				
			Address		•		
	Orange City, Florida 32763						
	City/State and Zip Code			Þσ			
		kbook	er@bookerandassoc.cor	m		<u>→</u>	
For fur	ther information	E-mail address: ( concerning this matter, please of	to be used for future annual report n	otification)	HASS!	APR-4	(Lagrana)
	<b>ν</b>	im C. Booker	206	774-6552		<u></u>	: 11
		of Person	at ( 386 ) Area Code & Day	rtime Telephone Numb	I ATE	## III: 42	
Enclose	ed is a check for	the following amount:			Þ	. 0	
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certifie	iling Fee, cate of Sta ed Copy onal copy		osed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COU Registration Se Division of Con Clifton Building 2661 Executive Tallahassee, FL	rporations g : Center Circle				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bob's Glas			
(Name of the Limited Liability Company (A Florida Limited Lia	y <u>as it now appear:</u> ability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company v  Florida document number L0300015026	vere filed on	April 25, 2003	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here	2:	
Inman's Glas			
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	240 Hamm	ock Oak Circle	
(Principal office address MUST BE A STREET ADDRESS)	DeBary, ]	Florida 32713	A A A
Enter new mailing address, if applicable:	240 Hamm	ock Oak Circle	O TOTAL STATE OF THE STATE OF T
(Mailing address MAY BE A POST OFFICE BOX)	DeBary,	Florida 32713	FLORA
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Eni	ter Florida street aa	dress
		, Florida	
	City	, FIOLICA	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma $MGRM = N$	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			□ Domouo
<del></del>			Add Remove
			AddRemove
. <del></del>			AddRemove
D. If amen	ding any other information, en	ter change(s) here: (Attach additional shee	ts, if necessary); APR -1, API II: 42
	March 31,	.,	
*	Signature of Richard D. Irana		mber
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00