L0400020774				
(Requestor's Name) (Address) (Address)	200134309112			
(City/State/Zip/Phone #)	08/13/0801010017 **25.00			
PICK-UP WAIT MAIL (Business Entity Name)				
(Document Number) Certified Copies Certificates of Status	OB AUG 13 PH			
Special Instructions to Filing Officer:	H 1:39			
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J. BRYAN AUG 1 4 2008 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Wedoo Glass, 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:

Larue Overton

(Name of Person)

Wedoo Glass, LLC

(Firm/Company)

Post Office Box 2663

(Address)

Bunnell, FL 32110

(City/State and Zip Code)

For further information concerning this matter, please call:

Larue Overton

(Name of Person)

at (386) 986-0960

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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)

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08 AUG 13 PM 1: 40

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

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<i>.</i>	ТС)	00	1010
ART	TICLES OF O	RGANIZAT	ION 🔮	
	O	F	ິນ	
				Eltroponality
Wedoo Glass, LLC				H RR
(Name of the Limite	d Liability Compar	iv as it now appea	rs on our records.)	
	A FIORIda Limited L	raomey company)		0
The Articles of Organization for this Limited	Liability Company	were filed on Ma	rch 18, 2004 and	assigned
Florida document number L04000020774				-
	<u> </u>			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, <u>enter the new name</u>	of the limited liabi	lity company he	<u>re</u> :	
The new name must be distinguishable and end v	vith the words "Limit	ed Liability Comp	my " the designation "LLC" or t	he abbreviat
L.L.C."	init die words - binn	ou muonity comp	iny, the designation index of a	
² nton nom mainsingla ff ers adduss if and	· · · bl. ·			
Enter new principal offices address, if appl		<u></u>	***************************************	<u> </u>
<u>Principal office address MUST BE A STRE</u>	<u>ET ADDRESS)</u>		97,578,575,575,577,577,777,777,777,577,57	<u>,</u>
Enter new mailing address, if applicable:		Post Office Box 2663		
Mailing address MAY BE A POST OFFICE BOX)		Bunnell, FL 32	110	
3. If amending the registered agent and	l/or registered off	ice address on <i>i</i>	our records, enter the name	e of the n
egistered agent and/or the new registered (·	
Name of New Registered Agent:				
		····	*****	
New Registered Office Address:	6 Redmill Drive			
	(En		nter Florida street address)	
	Palm Coast		, Florida <u>32164</u>	
		(City)	(Zip C	Code)
New Registered Agent's Signature, if changing	Registered Agent:			
hereby accept the appointment as register	ed agent and agre	e to act in this c	apacity. I further agree to co	mply with
he provisions of all statutes relative to the				

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</u> or Managing Member being added or removed from our records:

- - -

MGR = Manager MGRM = Managing Member

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Title	Name	Address	Type of Action				
MGRM	Anna Overton	1 Carr Lane Palm Coast, FL 32137	Add Remove				
MGR	Larue Overton	6 Redmill Drive Palm Coast, FL 32164	Add Remove				
		······································	Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
D. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE SIVISION OF CORPORATIONS				
Dated August 8	, 2008 Xau Signature of a member or	Quiton authorized representative of a member					
Larue Overton Typed or printed name of signee							
Page 2 of 2							

Filing Fee: \$25.00