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EXAMINER



COVER LETTER

Registration Section

TO:

Division of Corpor	rations		,	
FLORIDA	CUSTOM BENT GLA	18811C		
SUBJECT: FLURIDA	(Name of Limited Liability Company)			
			BALLALLASSEE FLORIDA	
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.	TO TO	
Please return all corresponde			Series &	
Trease return an correspond	once concerning and matter	to the following.	705.78	
		Mario Riley	ACT	
	(Name of Person)			
	Form A Corp			
	Form-A-Corp (Firm/Company)			
	4400	PGA BLVD, SUITE 900 (Address)		
PALM BEACH GARDENS, FL 33410 (City/State and Zip Code)				
For further information cond	cerning this matter, please o	call:		
Mario Riley		at (800) 430-1516		
(Name of F	Person)			
•				
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	\$60.00 Filing Fee, Certificate of Status &	
	Confidence of Status	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
MAILING ADDRESS:		STREET/COURIER	ADDRESS:	
Registration Section Division of Corporations		Registration Section Division of Corporati	ons	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Call when Ready 443-2819

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA	A CUSTOM BENT GLASS LLC	
(Name of the Limited Li (A F	iability Company as it now appears on our record lorida Limited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liab	oility Company were filed on <u>January 25, 20</u>	one and assigned
Florida document numberL0800009304_	·	14 08 A
This amendment is submitted to amend the follow	ving:	SECRETARY OF SIA abbreviation "I C" of the abbreviation
A. If amending name, enter the new name of the	he limited liability company here:	PHIZ: 2
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Company," the designa	tion "LLC" of the Abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered offic		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street address)	
	, Flori	
	(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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action **MGRM** KUENZLE, ROSEMARY 4100 N. POWERLINE RD STE P3 Add POMPANO BEACH FL 33073 US Remove KUENZLE, CURT MGRM 4100 N. POWERLINE RD STE P3 Add POMPANO BEACH FL 33073 US __ Add Remove Remove Add Remove Add Remove **D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated March 4 2008 athorized representative of a member Paul N. Kuenzle Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00