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(Requestor's Name)	_
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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	_
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SECRETARY OF STATE

T. Burch OCT 28 2014

COVER LETTER

	gistration Se vision of Cor			
CUDIECT.	Perimete	er Glass		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Melissa Crews		
			Name of Person	
		Perimeter Glass		
			Firm/Company	
		10615 Tholie Crews	Road	
			Address	···
		Sanderson, FL 3208	17	
			City/State and Zip Code	···
		PerimeterGlass@yah	100.COM to be used for future annual report notification	n)
For further i	information c	oncerning this matter, please ca	-	. ,
Melissa	Crews	-	904 259-4877	
	Name o	f Person	at () Area Code Daytime Telep	phone Number
		ne following amount:	7.65 (0.87)	# #40 00 Pil' P
\$25.00	Filing Fec	□ \$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)
	мап	ING ADDRESS:	STREET/COURIER A	DDRESS:
Registration Section Division of Corporations P.O. Box 6327		ation Section	Registration Section	
			Division of Corporations Clifton Building	5

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Perimeter Glass LLC			
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company vi Florida document number L0800066630	were filed on <u>07/10/2008</u>	_ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applicable:		To 1	
(Principal office address MUST BE A STREET ADDRESS)		<u>∑</u>	
		124 PH	-
Enter new mailing address, if applicable:		(-0)	
(Mailing address MAY BE A POST OFFICE BOX)		SA 4: (and a
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		e name of the n	<u>ew</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida	7: (1)	
	City	Zin 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Christopher Crews	10615 Tholie Crews Road	
		Sanderson, FL 32087	■ Remove
AMBR	Forest Agee	21549 Thannie Harvey Road	■ Add
		Sanderson, FL 32087	☐ Remove
			Add Add ACC Remove
			CT 24 PM L: 25 ETARY OF Add HASSEE, FEORIDA
			□ Add
			□ Remove

D.	If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary	·.)		
	•	Please remove Christopher Crews as a member of the corporation and owner	∍r.		
		He is deceased. Give his 10% share to Forest Agee.			
E	Effec	ctive date, if other than the date of filing:			
	(The et	ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State)			
	Date	d October 21 2014			
		Melissa Cremis			
		Signature of a member or authorized representative of a member			
		Melissa Crews, Registered Agent Typed or printed name of signee		_	
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Filing Fee: \$25.00