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JALLAHASSEE, FLORIDI

COVER LETTER

Division of Corporations
SUBJECT: AAA SOLAR GLASS WINDOW TINT ING, 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:
LAURIE SWEIGART
Name of Person
AAA SOLAR GLASS WINDOW TINTING LUL
Firm/Company
1700 SE 15th Unit 210
Address
Fort Lauderdale FL 33316
City/State and Zip Code Lauretery S @ compost. Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LAURE Swergart at (954) 294-3621
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 ARTICLES OF ORGANIZATION OF

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LLSEIGHTARY OF STATE as it now appears on our records.) ALLAHASSEE, ELORIDA The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number <u>L090000 586 72</u> 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." LAURIE SWEIGHR Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SAME AS ABOUT 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: LAURIE SWEIGHRT Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

Page 1 of 2

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

<u>Title</u> **Type of Action** Name **Address** TERRY SWEIGHLT ☐ Add Remove □ Add □ Remove ☐ Add ☐ Remove □ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May Sauce Swelland
Signature of a member or appropriated representative of a member SWEIGHLI Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00