## 10100000600101

Office Use Only



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08/24/11--01010--004 \*\*25.00

B. BOSTICK
AUG 2 5 2011
EXAMINER

## **COVER LETTER**

Division of Co						
SUBJECT:	AMAC AL	JTO GLASS, LLC				
	Name of Lim	ited Liability Company		-		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	ondence concerning this matte	r to the following:				
		Elizabeth M Perez		_		
	Name of Person					
AMAC AUTO GLASS, LLC						
Firm/Company						
4611 Cheyenne Point Trail						
		Address				
Kissimmee, Florida 34746						
City/State and Zip Code					A UG	ik na naken.
	amac.autoglass@gmail.com  E-mail address: (to be used for future annual report notification)				10	े भाजात १ व्याचन
For further information	concerning this matter, please of		,	im m	<u> </u>	 5 j
Fliz	abeth M Perez	at ( 407 )	334-6849		15	
Name of Person Area Code & Daytime Telephone Numb		per >	ප			
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 e	nclosed) Certific	Filing Fee, cate of State ed Copy onal copy is		ed)

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

A	MAC AUTO	GLASS, LLC	;		
( <u>Name of the Limited</u> ()	I Liability Compa A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited L	iability Company	were filed on	07/09/2009	and assigned	
Florida document numberL090006	6101				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	oility company her	<u>re</u> :		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Compa	any," the designation	1 "LLC" or the abbreviation	
Enter new principal offices address, if applic	4611 Cheyenne Point Trail				
(Principal office address MUST BE A STREET ADDRESS)		Kissimmee, Florida 34746			
				<u> </u>	
Enter new mailing address, if applicable:	4611 Cheyen	ne Point Trail	The majorina		
(Mailing address MAY BE A POST OFFICE BOX)		Kissimmee, F	Florida 34746		
B. If amending the registered agent and/	ar registered of	Tion address on a	our records anto	r the name of the nau	
registered agent and/or the new registered of			our records, ente		
Name of New Registered Agent:	Elizabeth M	Perez			
New Registered Office Address:	4611 Cheye	enne Point Trail			
		En	ter Florida street a	uddress	
	Kissimmee , Florid		, Florida _	34746	
				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 Agen, 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
MGR	Angel M Gonzalez	4611 Cheyenne Point Trail Kissimmee, Florida 34746	Add Remove
<u>∕MGRM</u>	Elizabeth M Perez	4611 Cheyenne Point Trail Kissimmee, Florida 34746	✓ Add ☐ Remove
MGRM_	Juan Perez	4611 Chevenne Point Trail Kissimmee, Florida 34746	Add Remove
MGR	Melissa D Gonzalez	4611 Chevenne Point Trail Kissimmee, Florida 34746	Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if neces.	sary.)
Dated	august 19 , 2	20/1	52 2
	Signature of a mem	abelior authorized representative of a member	
	Errebe	ped or printed name of signee	

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Filing Fee: \$25.00