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AND ANSSEE, FLORID

J. BRYAN

NOV 1/9 2010

**EXAMINER** 

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJE	·CT·	Hertita	ge Auto Glass	
50201			ited Liability Company	
The en	closed Articles o	of Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	oondence concerning this matter	r to the following:	
			Kerry M Rutkowski	DAM 18 PH 1:10
			Name of Person	Fig. 12 II
			Heritage Auto Glass	题 6 1
			Firm/Company	Service of the servic
			675 Eaglesham Ct.	To The state of th
			Address	· · · · · · · · · · · · · · · · · · ·
		J	acksonville, Fl. 32225	7
			City/State and Zip Code	
		E-mail address: (	Krutkow@att.net to be used for future annual report notif	ication)
For furt	her information	concerning this matter, please of	•	,
	Ke	rry Rutkowski	at ( 904 )	514-4069
	<del></del>	of Person	Area Code & Daytim	
Enclose	ed is a check for	the following amount:		
<b>₹</b> 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAII	ING ADDRESS:	STREET/COURT	FR ADDRSS.

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Hertitage Auto Glass, LLC (Name of the Limited Liability Company as it now appears on our records.

(A Fiorica Linii)	ucu Liabinty Compa	miy)	
The Articles of Organization for this Limited Liability Comp	nany were filed on	November 12, 2010	_ and assigned
Florida document numberL10000117694			The same of the sa
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company	<u>y here</u> :	
Heritage A	uto Glass, LLC		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Co	ompany," the designation "LLG	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address.  Name of New Registered Agent:		on our records, enter the	nume of the new
New Registered Office Address:		Enter I lorida street addres	
		Enter Florida street addres	:S
	_	Florida	
	$Cig_r$		Zip Code
New Registered Agent's Signature, if changing Registered App	<u>eni:</u>		

I be reby accept the equiviries at its registered agent and agree to get in this capacity. I farther agree to comply with the provisions of all statutes relative to the proper and complete performance of my daties, and I am familiar with and accept the abligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this Assaulte is being filed to merely reflect a change in the registered office address. Thereby 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:

<u>Title</u> ·	<u>Name</u>	<u>Address</u>	Type of Action
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			Remove
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D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional shee	ts, if necessary.)
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Filing Fee: \$25.00