**Division of Corporations** Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000060885 3)))



H120000608853ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone

: (813)932-5244

Fax Number

: (813)932-3782

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GLENDYE WINDOWS AND DOORS, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

G. MCLEOD

**EXAMINER** 

3/7/2012 3:12 PM FROM: Cont Reporting Svc Microsoft TO: 18506176383 PAGE: 002 OF 005

Help

3/7/12

Division of Corporations

(((H12000060885 3)))

## **COVER LETTER**

TO: Registration 5 Division of Co	Section orporations		
SUBJECT:	GLENDYE WIND	OWS AND DOORS, LLC.	
	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are suf	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		JASON MORALES	
		Name of Person	
	CONTRACTOR	S REPORTING SERVICE	, INC
		Firm/Company	
	137	95 N NEBRASKA AVE	
		Address	<del></del>
		TAMPA, FL 33624	
		City/State and Zip Code	
	jason@a	activatemylicense.co	OM (feeter)
for further information	concerning this matter, please of	_	incauony
JAS	SON MORALES	at(813)	932-5244
			ne Telephone Number
Enclosed is a check for t	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 &

MAILING ADDRESS:

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

Certified Copy

(additional copy is enclosed)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

(additional copy is enclosed)

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili	ty Company as it now appears Limited Liability Company)	rs on our records.		
The Articles of Organization for this Limited Liability	Company were filed on	7/8/2011	and assign	ied
Florida document numberL11000078826	··			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited lia bility company her	<u>-e</u> :		
The new name must be distinguishable and end with the we'L.L.C."	ords "Limited Liability Compa	any," the designation "L	LC" or the abb	reviatio
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
				Fin apply
Enter new mailing address, if applicable:			<b>美州</b> 秦	********
Mailing address MAY BE A POST OFFICE BOX)			幣ペン	(2) LiftCE Jan
			2 3	
			<b>.</b> .	Hadranda Hadranda
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on o <u>dress here</u> :	ur records, <u>enter t</u> l	ie nameof t	he nev
		•		
Name of New Registered Agent:				
New Registered Office Address:				
	En	ter Florida street addr	ess	
		, Florida		
	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

(((H12000060885 3)))

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

ì

<u>Title</u>	Name	Address	Type of Action
MGRM	GLENDYE, REID	4611 HIGHGATE DR UNIT C DELRAY BEACH FL 33445 US	_ C Add — K Remove
<u>MGR</u>	GLENDYE, REID	4611 HIGHGATE DR UNIT C DBLRAY BEACH FL 33445 US	_ <b>√</b> Add _ □ Remove
			_ □ Add □ Remove
			_ □ Add
			_ 🗇 Add
D. If amendin	g any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	<del>-</del> :
			<del></del>  
Dated	MARCH, 7 201	2  Marked representative of a member	
	RI	SID GLENDYE  printed name of signee	

Page 2 of 2

(((H12000060885 3)))