

L11000132666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

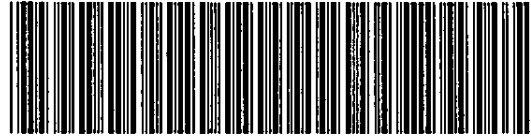
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

B. BOSTICK

'APR 15 2013

EXAMINER

**TO: Registration Section  
Division of Corporations**

The enclosed Articles of Amendment and fee(s) are submitted for filing.

DOMENIC H. CALICCHIA

Name of Person

PROFESSIONAL ACCOUNTING SERVICE, INC

Firm/Company

1520 BOTTLEBRUSH DR. NE

Address

PALM BAY, FL 32905

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

**For further information concerning this matter, please call:**

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person Area Code & Daytime Telephone Number

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 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

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

**THE WORLD OF GLASS OF CENTRAL FLORIDA, LLC**

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11-21-2011 and assigned  
Florida document number L11000132666.

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."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

7825 ELLIS RD.

W. MELBOURNE

FL 32904

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

PO BOX 410346

MELBOURNE

FL 32941-0346

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TALLAHASSEE, FLORIDA

**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:**

Name of New Registered Agent:

New Registered Office Address:

7825 ELLIS RD.

*Enter Florida street address*

W. MELBOURNE

, Florida 32904

*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**

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

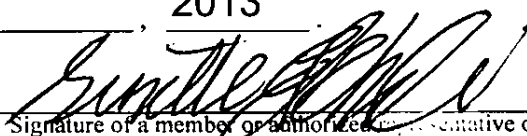
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated APRIL 4, 2013



Signature of a member or authorized representative of a member

SUNETTE ELKHALDI, MGR

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 20, 2013

DOMENIC H. CALICCHIA  
PROFESSIONAL ACCOUNTING SERVICE, INC.  
1520 BOTTLEBRUSH DRIVE NE  
PALM BAY, FL 32905

SUBJECT: THE WORLD OF GLASS OF CENTRAL FLORIDA, LLC  
Ref. Number: L11000132666

We have received your document for THE WORLD OF GLASS OF CENTRAL FLORIDA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 813A00006559