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DEPARTMENT OF STATE

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COVER LETTER

TO: Registration Section
Division of Corporations

, Meridian Glass & Glazing 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:

William O. Parker		
Name of Person		
Firm/Company		
9429 Burlington Place		
Address		
Boca Raton, FL 33434		
City/State and Zip Code		
bp1901@hotmail.com		
E-mail address: (to be used for future annual report notification)		

For further information concerning this matter, please call:

William O. Parker

_{4,7}561₁374-3630

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Meridian Glass & Glazing	LLC		
(Name of the Limited	I Liability Company as it now appe A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on 0	1/31/2012 and as	signed
Florida document number L12000014882	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company h	ere:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Com	pany," the designation "LLC" or the	abbreviation
Enter new principal offices address, if appli	cable:	· · · · · ·	
(Principal office address MUST BE A STRE)	ET ADDRESS)	5 E/	-
)- i-4]
Enter new mailing address, if applicable:		SA C	· i
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	7 (7)	-
		95	
			י
B. If amending the registered agent and registered agent and/or the new registered of the new registered agent and new registered of the new registered agent and new registered of the new registere	•	our records, enter the name	of the new
or the state of th			
Name of New Registered Agent:	William O. Parker		··········
New Registered Office Address:	9429 Burlington Place		
		Enter Florida street address	
	Boca Raton	, Florida 33434	
	City	Zip Coo	te

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 a or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title Name Address Type of Action** 9429 Burlington Place Parker, Robert D. **MGRM** Boca Raton, FL 33434 Remove 3876 Jonathans Way Parker, William O **MGRM** Boynton Beach, FL 33436

f amending any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)
 	
10/10	
d /2/ /9	<u>, 2012</u> .
Me	
Signature of	of a member or authorized representative of a member
Robert D. Parker	
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00