

L12000040577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

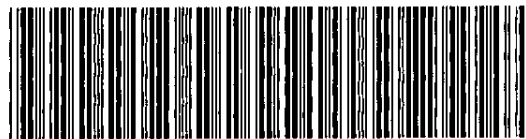
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

APR 24 2012

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **RENEW AUTO GLASS 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:

RENAN DEBARROS

Name of Person

RENEW AUTO GLASS

Firm/Company

9040 TOWN CENTER PKWY

Address

LAKEWOOD RANCH, FL 34202

City/State and Zip Code

SERVICE@RENEWAUTOGLASS.COM

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

For further information concerning this matter, please call:

RENAN DEBARROS

Name of Person

at (**941**)

914-6777

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**

RENEW AUTO GLASS LLC

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

FILED

12 APR 23 PM 3: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MARCH 23, 2012 and assigned Florida document number L12000040577.

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:

9040 TOWN CENTER PKWY

(Principal office address MUST BE A STREET ADDRESS)

LAKEWOOD RANCH, FL 34202

Enter new mailing address, if applicable:

9040 TOWN CENTER PKWY

(Mailing address MAY BE A POST OFFICE BOX)

LAKEWOOD RANCH, FL 34202

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: _____

9040 TOWN CENTER PKWY

Enter Florida street address

LAKEWOOD RANCH

Florida

34202

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

CHANGE OF ADDRESS FOR CURRENT MGRM CHRISTIAN M FOSS -


NEW ADDRESS FOR MGRM CHRISTIAN M FOSS IS AS BELOW:

12050 LARSON LANE

PARRISH, FL 34219

FILED
 12 APR 23 PM 3:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated APRIL 19, 2012.



 Signature of a member or authorized representative of a member
RENAN DE BARROS

 Typed or printed name of signee