

Division of Corporations **Electronic Filing Cover Sheet**

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(((H13000029074 3)))



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Division of Corporations

Fax Number : (850)617-6383

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Account Name : BUSINESS FILINGS

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**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 GLASS PAINT AUTO BODY REPAIR LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

B. BOSTICK

FEB - 7 2013

Electronic Filing Menu

Corporate Filing Menu

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EXAMINER

https://efile.combiz.org/scripts/efilenvr.exe 100.4 1033 728 803

EEB-00-5013 14:50

H136000290743

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Glass Paint Auto Body Repair LLC		
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	y Company were filed on 12/6/2012	and assigned
Florida document number L12000152820	·	
This amendment is submitted to amend the following	ç;	
A. If amending name, enter the new name of the l	limited liability company here:	· · · · · · · · · · · · · · · · · · ·
<u> </u>		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		
•		,
(Principal office address MUST BE A STREET AD	DRESS	
D 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, <u>ente</u>	
egistered agent and/or the new registered office a	dutes here.	
		2 5 7
Name of New Registered Agent:		
New Registered Office Address:		A
	Enter Florida street d	address
	Florida	
	City	7in 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
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MGR - Manager

A130000 290743

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:

MGRM = Managing Member Type of Action <u>Address</u> Title <u>Name</u> MGRM 5756 Funston Street Ingrid Crenston 🖬 Add Hollywood, FL 33023 ☐ Remove □ Add ☐ Remove □ Add ☐ Remove C Add Remove □ Add ☐ Remove ☐ Add D Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) morized representative of a member Signature o Ian Green, Member Typed or printed name of signee

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Filing Fee: \$25.00