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COVER LETTER

TO: Registration Section Division of Corporations √ictory 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: Christian Foss Name of Person Victory Auto Glass, LLC Firm/Company 12050 Larson Lane Address Parrish, FL 34219 City/State and Zip Code victoryautoglass@outlook.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Christian Foss 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**

Victory Auto Glass, LLC			•
(Name of the Limited	l Liability Company as it now appears of A Florida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited L	iability Company were filed on April	23, 2013	and assigned
Florida document number L13000059398	<u>.</u>		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability company here:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Company	," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		
		770	29
Enter new mailing address, if applicable:		in c. 32.77 70.73 32.73	E CONTROL
(Mailing address MAY BE A POST OFFICE	BOX)	55 X	0
		ر <u>ن :-</u> بر بن د	7 (1)
B. If amending the registered agent and registered agent and/or the new registered of		r records, enter the	ယ္ ္တို name of the nev
Name of New Registered Agent:	Christian Foss		
New Registered Office Address:			
	Enter	· Florida street addres	SS
	Cin	, Florida	Zip Code
New Registered Agent's Signature, if changing	City Pagistared Agent:		Lip Code
new registeren waent a dianature, ii chanzing	NEKISTET EN WEETT		

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 **Address Type of Action** Title Name **Christian Foss** 12050 Larson Lane **MGR** Parrish, FL 34219 Remove Remove Remove Add Remove Add Remove Add Remove

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
-	
Dated May	, 2013
***************************************	142
	Signature of a member or authorized representative of a member
	Christian Foss
	Typed or printed name of signee

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Filing Fee: \$25.00

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