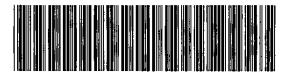
# L14000049279

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	cument Number)	
Certified Copies		
Special Instructions to	Filing Officer.	
		}

Office Use Only



700260046417

05/12/14--01047--002 \*\*25.00



J. Shivers MAY 2 1 2014

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

Addition of officer - correction

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:

# Sherett L Salter

Name of Person

# Panel Armor Products LLC

Firm/Company

# 1970 Corporate Sq ste b

Address

Longwood, FL 32750

City/State and Zip Code

## sheretts@impactsalvagesolutions.com

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

For further information concerning this matter, please call:

## Charles R Salter

 $_{\rm at}(407)$ 

342-3296

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

company has been notified in writing of this change.

ranel HRMUR Products 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 March 25, 14 and assigned  Florida document number L14000049239
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)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)
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:  Enter Florida street address
City , Florida Zip Cbde
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

If Changing Registered Agent, Signature of New Registered Agent

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 605, 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** Name **Address Type of Action** Sherett L Salter 103 Vinewood Dr **■** Add Sanford, FL 32750 ☐ Remove □ Add ☐ Remove ☐ Remove □ Add ☐ Remove \_□ Add ☐ Remove

fective date must be specific, cannot be prior to date of receipt or filed date and c	(optional) cannot be more than 90 days after
ffective date must be specific, cannot be prior to date of receipt or filed date and cate this document is filed by the Florida Department of State)	
ctive date, if other than the date of filing:  ffective date must be specific, cannot be prior to date of receipt or filed date and clate this document is filed by the Florida Department of State)  d April 24  2014	
ffective date must be specific, cannot be prior to date of receipt or filed date and cate this document is filed by the Florida Department of State)	entative of a member

Page 3 of 3

Filing Fee: \$25.00

TALLAHAS SEPTIMATE