

L14000107030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

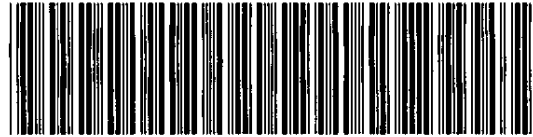
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Tiffany Fronimatis GAVE
AUTHORIZATION BY PHONE TO
CORRECT Effective Date
DATE 6/20/14
DOC. EXAM SPS

Office Use Only



400263254864

08/18/14--01033--002 **30.00

EFFECTIVE DATE 8/18/14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 18 AM 11:44

FILED

SPS

8/20/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Statewide Florida Glaziers, 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:

Enrik Fronimakis
Name of Person
State wide Florida Glaziers
Firm/Company
25330 Bernwood Dr #3
Address
Bonita Springs FL 34135
City/State and Zip Code
info@statewidefloridaglass.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erik Fronimakis at (239) 431-7904
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**

Statewide Florida Glaziers, 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 7/7/14 and assigned Florida document number L14000107030.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

25330 Bernwood Dr #3
Bonita Springs FL 34135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

25330 Bernwood Dr #3
Bonita Springs FL 34135

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:

Erik Franimakis

New Registered Office Address:

25330 Bernwood Dr #3

Enter Florida street address

Bonita Springs, Florida 34135

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 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 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

E. Effective date, if other than the date of filing: 8/18/14 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 15th, 2014.

Tiffany M Fronimakis

Signature of a member or authorized representative of a member

Tiffany M Fronimakis

Typed or printed name of signee

FILED
14 AUG 18 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA