

L14000192445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

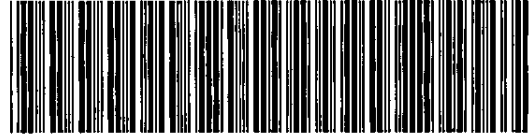
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000267501170

12/29/14--01029--007 **30.00

FILED
2014 DEC 29 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JAN - 9 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Coast 2 Coast 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:

Sean Bejarano

Name of Person

Coast 2 Coast Auto Glass LLC

Firm/Company

651 Danville Dr. Ste 101

Address

Orlando, FL 32825

City/State and Zip Code

sean@c2coast.com

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

For further information concerning this matter, please call:

Sean Bejarano

407

816-3620 Ext 101

at ()

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**

FILED
2014 DEC 29 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Coast 2 Coast Auto Glass 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 12/18/2014 and assigned
Florida document number L14000192445.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Upper-Class Auto Glass LLC

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)

651 Danville Dr

Ste 101

Orlando, FL 32825

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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:

Sean Bejarano

New Registered Office Address:

651 Danville Dr. Ste 101

Enter Florida street address

Orlando

City

Florida 32825

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

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

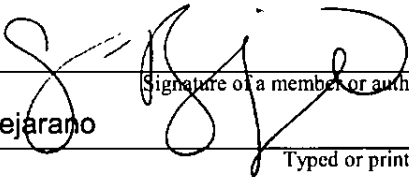
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sean Bejarano	651 Danville Dr	<input type="checkbox"/> Add
		Ste 101	<input type="checkbox"/> Remove
		Orlando, Fl 32825	
MGR	Danny Prieto	1440 N. Nova Rd.	<input type="checkbox"/> Add
		Ste 305	<input type="checkbox"/> Remove
		Holly Hill, Fl 32117	
			<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.)*

E. Effective date, if other than the date of filing: _____ (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 December 20th, 2014



Signature of a member or authorized representative of a member
Sean Bejarano

Typed or printed name of signee

FILED
2014 DEC 29 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA