

L16000053626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

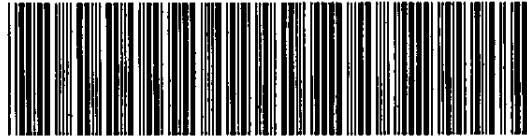
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SECRETARY OF STATE  
OF FLORIDA

2016 MAY - 6 P 4: 21

FILED

MAY 09 2016

S. WARREN



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 7, 2016

FRANK JOHN KONOPA  
13605 N. MAGNOLIA AVENUE  
CITRA, FL 32113

SUBJECT: ABSOLUTE GLASS MIRROR @ SCREEN L.L.C.  
Ref. Number: L16000053626

We have received your document for ABSOLUTE GLASS MIRROR @ SCREEN L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 116A00007169

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ABSOLUTE GLASS MIRROR & SCREEN 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:

FRANK JOHN KONOPA  
Name of Person

ABSOLUTE GLASS MIRROR & SCREEN LLC  
Firm/Company

13605 N. Magnolia Ave.  
Address

Citra FL 32113  
City/State and Zip Code

absoluteglassplus@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank John Konopa at ( 352 ) 239-3325  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2016 MAY -9 PM 3:33  
REGISTRATION OF FIRM  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ABSOLUTE GLASS MIRROR @ SCREEN 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 3/16/16 and assigned  
Florida document number L16000053626.

This amendment is submitted to amend the following:

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

ABSOLUTE GLASS MIRROR & SCREEN L.L.C

The new name must be distinguishable and contain 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)

13605 N. Magnolia Ave.  
Citra FL 32113

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13605 N. Magnolia Ave.  
Citra FL 32113

**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:

Frank John Konopa

New Registered Office Address:

13605 N. Magnolia Ave

Enter Florida street address

Citra

City

Florida

32113

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.*

Frank J. Konopa  
**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	JASON LEF	13605 N. Magnolia Ave. #1113	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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CLERK OF STATE  
TAMPA, FLORIDA

**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)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

**Dated**

5/4/16

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Frank John Konopa

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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