

116000053626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

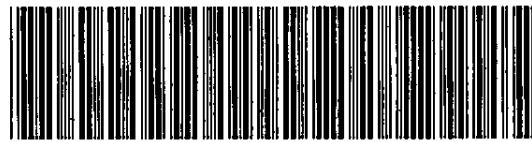
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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 KONOPE
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)

REC'D
2016 MAY - 9 PM 3:33
FLORIDA DIVISION
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Frank John Konope

Name of Person

at (352) 239-3325

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

ABSOLUTE GLASS MIRROR & SCREEN LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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COMMISSIONER
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2016
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21

FILED

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 Konope

New Registered Office Address:

13605 N. Magnolia Ave

Enter Florida street address

Citra

, Florida

32113

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

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

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, _____

John A. K.
Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

EX-111 Y-6 P 42
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TALLAHASSEE, FLORIDA

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