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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

S Warren NOV 0 1 2016

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:		uto GLass, LLC	
	Name of Lin	med Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Fra	nk V. Monte Name of Person	
		Firm/Company	<u>. </u>
	33	390 Spring Lake Highwa Address	<u>y</u>
	£	Brooksville, FL 34602 City/State and Zip Code	
For further information	E-mail address: (Admin@BondAutoGlass to be used for future annual repor	.COM t notification)
	lonte of Person	at (<u>813</u>) <u>363</u> Area Code D	3.1186aytime Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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)
Regis Divis P.O. l	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	Registration S Division of C Clifton Buildi	orporations ing ve Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bond A	Auto GLass, LLC ility Company as it new appe ida Limited Liability Company	ars on our records.)	
(A Flori	da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on _	09/30/2016	and assigned
Florida document number <u>L16000182804</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company l	<u>iere</u> :	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the	designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
registered agent and/or the new registered office ad Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fl	orida street address	
	City	Florida	7in Code
New Registered Agent's Signature, if changing Register	•		гар Соне
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	t and agree to act in this complete performance o agent as provided for in red office address, I here	of my duties, and I am Chapter 605, F.S. Or	familiar with and if this document is
	If Changing Registered A	Agent, Signature of New Ro	<u> </u>
	Page 1 of 3	STATE OF THE PARTY	ASSECT TO

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mikel Slaman	3395 Middlesex Drive Spring Hill, FL	<u>34607⊠</u> Add
			□ Remove
			☐ Change
MGR	Frank V. Monte	3390 Spring Lake Highway	X Add
		Brooksville, FL 34602	□ Remove
			Change
MGR	Lone Wolf Marketing, Inc	3390 Spring Lake Highway	
		Brooksville, FL 34602	Remove
			Change
			□ Add
			□ Remove
			Change
			🗆 Add
			□ Remove
			Change
			<u> </u>
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change III
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If amend						
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