11700015369

(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:





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09/15/17--01008--018 **25.00

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SECRETARY OF STATE

SECRETARY OF STATE



September 19, 2017

ERNESTO MEDINA 5951 NW 151 STREET BAY 39 MIAMI LAKES, FL 33014 US

SUBJECT: HIGH SERVICE GLASS LLC

Ref. Number: L17000045369

We have received your document for HIGH SERVICE GLASS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 254-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 717A00018955

COVER LETTER

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то:	Registration Section Division of Corporations		
CHETT	HIGH SERVICE GLASS LLC	;	
SUDJI	Name	e of Limited	l Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Offic	ce Change a	and fee(s) are submitted for filing.
Please	return all correspondence concerning this	s matter to 1	he following:
ERNE	ESTO MEDINA		
	Name of Person		
HIGH	I SERVICE GLASS LLC		
	Firm/Company		
5951	NW 151 STREET BAY 39		
	Address		
MIAM	11 LAKES FL 33014		
	City/State and Zip Code		·
	ISERVICEGLASSFL@GMAIL.COI		
E	-mail address: (to be used for future annu	ial report n	otification)
For fur	ther information concerning this matter,	please call:	
ERNE	ESTO MEDINA	786 at (271-9900
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18	8 (2/14)		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 224120 17 and assigned Florida document number L1700045369
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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: 5951 NW 151 Street
(Principal office address MUST BE A STREET ADDRESS) BCL 39 MIGM [CICES FL 33014]
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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:
New Registered Office Address: Enter Florida street address
Florida -

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Aut	thorized Member		
<u>Title</u>	Name	Address	Type of Action
MOZ	Ratari delval	8230 was 18 ione	□ Add
		Clirke hidlegn FL	Remove
		33014	Change
_			□ Add
			Remove
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Page 3 of 3

Filing Fee: \$25.00