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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Luxury 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:
Yadier Rodriguez Name of Reson
Luxury Auto Glass, LLC Firm/Company
3230 SW 27 <sup>th</sup> ST
Miami, FL 33133
City/State and Zip Code  Juxury auto glass // @gmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Yadier Rodriguez at 786, 3347066
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sol

### 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

Luxury Auto Glo	iss, LLC
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L   7 000 20 30</u> 49	10/0/2017
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	·
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	
<del>"</del>	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
	to the discount of the second
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete puccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am Jamiliar with and rowided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability
	<b>.</b>

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 = A0	uthorized Member		
Title	<u>Name</u>	Address	Type of Action
AMBR	Jose hadriguez	3303 SW 24 TERE Mami,	33145 L <b>X</b> Add
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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an ef <u>Note:</u>	ive date, if other than the date of filing: 10012018 (optional) Sective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	11/08 2018.
	Signature of a member or authorized representative of a member  ACTIVE POLITICALE  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00