

L17000233899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FEB 06 2018

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cossless 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:

JEREMIAS COSS
Name of Person

COSSLESS AUTO GLASS LLC
Firm/Company

7412 12th AVE. S
Address

Tampa, FL. 33619
City/State and Zip Code

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

For further information concerning this matter, please call:

JEREMIAS COSS at (813) 407-3321
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 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)

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**

COSSLESS AUTO GLASS 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 November 12, 2017 and assigned Florida document number L17000233899.

This amendment is submitted to amend the following:

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

COSSLESS AUTO GLASS LLC

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)

7412 12th AVE. S

Tampa, FL 33619

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:

JEREMIAS COSS

New Registered Office Address:

7412 12th AVE. S

Enter Florida street address

Tampa
City

Florida

33619
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SANDRAS. Sanchez	7412 12 th AVE. S	<input type="checkbox"/> Add
		Tampa, FL. 33619	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JEREMIAS GOS	7412 12 th AVE. S	<input checked="" type="checkbox"/> Add
		Tampa, FL. 33619	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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COUNTY
FLORIDA

