# 118000137846

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DIVISION OF COMPOSATION

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#### **COVER LETTER**

TO:	Registration Se Division of Cor							
CHD ID		AUTO GLASS OF FLORIDA	ALLC					
SUBJE		Name of Limited Liability Company						
The encl	losed Articles of	Amendment and fec(s) are sub	mitted for filing.					
Please re	eturn all correspo	ndence concerning this matter	to the following:					
		LUIS A BLAS JR						
			Name of Person					
		BLAS AUTO GLASS OF	FLORIDA LLC					
			Firm/Company					
		2017 PINE RIDGE RD SUITE 128						
			Address					
		NAPLES FL 34119						
			City/State and Zip Code					
		LOU@BLASAUTOGLASSFL.COM						
For furth	or information c	E-mail address: (	to be used for future annual report notifi	cation)				
		oncerning this matter, picase co						
WEND.	Y BLAS	_	239 451 9988 at ()					
	Name of	f Person	Area Code Daytime	Telephone Number				
Enclosed	l is a check for th	e following amount:						
<b>■ \$2</b> 5.	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)				
		ING ADDRESS.	ethert/countr	CD A DDINGS				

MAILING ADDRESS:

TO:

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

## BLAS AUTO GLASS OF FLORIDA 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 JUNE 4TH 2018 and assigned

# Florida document number L18000137846 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 "L.I.C." or the abbreviation "L.I.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) registered agent and/or the new registered office address here:

B. If amending the registered agent and/or registered office address on our records, enter the name of the new

New Registered Office Address:	nter Florida street address

#### 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>	Address	Type of Action
AMBR	LUIS A BLAS JR	1244 11TH ST SW	
		NAPLES FL 34119	Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
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ffective date, if other than the data an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Deparation	specific and cannot be prior to does not meet the applical		
record specifies a delayed e The 90th day after the record		an effective time, at	12:01 a.m. on the earlier
JUNE 22	2018		
		ized representative of a memb	

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Filing Fee: \$25.00