

(Requesto	or's Name)
(Address))
(Address))
(City/Stat	e/Zip/Phone #)
PICK-UP] WAIT MAIL
(Busines:	s Entity Name)
(Docume	ent Number)
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COVER LETTER

Division of Co	orporations		
SOTELO SUBJECT:	'S GLASS AUTO SERVICES, I	LC	
5000ECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
		-	
Please return all corresp	ondence concerning this matter	to the following:	
		Name of Person	
	ZACARIAS SOTELO		
	 	Firm/Company	
	SOTELO'S GLASS AUTO	O SERVICES LLC	
		Address	
	7618 TOWHEE TRAIL		
	ORLANDO, FL 32810	City/State and Zip Code	
		to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	•	·
ZACARIAS SOTELO		407 879-7330	
Name	of Person	at () 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:

` **TO**:

Registration Section

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

SOTELOS GLASS AUTO SERVICES, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on FLORIDA	and assigned
lorida document number L18000175360		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
		ر. ا
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:	7618 TOWHEE TRAIL	
Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32810	•
		-
nter new mailing address, if applicable:	7618 TOWHEE TRAIL	
Mailing address MAY BE A POST OFFICE BOX)	ORLANDO FL 32810	
If amending the registered agent and/or registered of egistered agent and/or the new registered office address her Name of New Registered Agent:	·	enter the name of the
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	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>	Name	<u>Address</u>	Type of Action
P	ZACARIAS SOTELO	7618 TOWHEE TRAIL	
		ODI ANIDO EL 20010	Add
		ORLANDO FL 32810	■ Remove
			□ Change
MGR	ZACARIAS SOTELO	7618 TOWHEE TRAIL	
	· · · · · · · · · · · · · · · · · · ·		
		ORLANDO FL. 32810	Remove
			Change
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tive date, if other than the	date of filing:	(optional) g or more than 90 days after filing.) Pursuant to 605.0
If the date inserted in this blo	ock does not meet the applicable statutory	y filing requirements, this date will not be listed
ment's effective date on the De	partment of State's records.	
cord specifies a delayed e 90th day after the reco		tive time, at 12:01 a.m. on the earlier
e sour day arter the rect	nd is med.	
NOV. 26	2018	
Zacon	Signature of a member or authorized represer	

Page 3 of 3

Filing Fee: \$25.00