L1900017006Z

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
		,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Eiling Officer	1
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November 12, 2020

Division of Corporations 4515 N. Monroe Street #810 The Centre of Tallahassee Tallahassee, Florida 32303

Re: Unauthorized Amendments

Limited Liability Company : Florida's Finest Auto Glass, LLC

Document No. : L19000170062

To Whom It May Concern:

Please be advised that Florida's Finest Auto Glass, LLC has learned that a terminated employee, the former vice president, has amended the annual report unlawfully.

Please be advised that Raymond Odum is NOT authorized to make any amendments nor act on behalf of the company. He recently amended the annual report on November 11, 2020. Based upon his unauthorized amendment, enclosed herein is an amendment removing Mr. Odum from any and all positions related to the company.

Should you have any questions, please feel free to contact me.

Frank C. Miranda

COVER LETTER

TO:

Registration Section

Division of Corp	porations		
	nest Auto Glass, LLC		
SUBJECT:	Name of Limi	ted Liability Company	<u> </u>
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter		
rease retain an estrespe		January G	
	Frank Miranda, Esquire		
		Name of Person	
	Frank Charles Miranda, P.	Α.	
		Firm/Company	
	3226 W. Cypress Street		
		Address	
	Tampa, Florida 33607		
		City/State and Zip Code	
	matt.tweel@floridafinestgla	iss.com to be used for future annual report not	100
5 0 1 10 1			mean(m)
For further information c	oncerning this matter, please c		
Frank Miranda, Esquire		813 254-2637 at ()	- Marie
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C	Section	Street Address: Registration Se Division of Co	rporations
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L. (A F	jability Compa Torida Limited I	ny a <u>s it now appears on our r</u> Jability Company)	ecords.)		
The Articles of Organization for this Limited Liabil	lity Company	were filed on 6/28/2019		and assi	gned
Florida document number 1.19000170062	·				
This amendment is submitted to amend the following					
A. If amending name, enter the new name of the	e limited li <u>ab</u>	ility company here:			
N/A			at t 42% and a ship a	Jarian M. 1	6."
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable		ity Company, the designation 410 S. Ware Boulevard	"LI,C or the apprex	2020	,.C.
(Principal office address MUST BE A STREET A		Suite 619C		3	
(Principal Office address MUST BE A STREET ADDRESS)		Tampa, Florida 33619			
Enter new mailing address, if applicable:		410 S. Ware Boulevard		PH	,
(Mailing address MAY BE A POST OFFICE BOX)		Suite 619C		0	
		Tampa, Florida 33619		- ω	
B. If amending the registered agent and/or registered agent and/or the new registered office address h Name of New Registered Agent:			enter the name o	f the new	regist
New Registered Office Address:	3226 W. Cypre	ess Street			
New Registered Office Address.	Enter Florida street address				
	Tampa		_, Florida _ ³³⁶⁰⁷		

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>	Type of Action
P	Raymond Odum	2521 Barrington Manor PL, #303	□Add
		Tampa, FL 33619	≣Remove
			☐ Change
Manager	Matthew Tweel	410 S. Ware Boulevard	\ Add
		Suite 619C	20 TRemove
		Tampa, Florida 33619	OV GChange
			☐Add
			□Add
			□Remove
			□Change
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fective date, if other than the date in effective date is listed, the date must be sote: If the date inserted in this block discurrent's effective date on the Depart	pecific and cannot be loes not meet the a	e prior to date of applicable stat	filing or more than	(optional 90 days after filing ements, this dat	g.) Pursuant i	to 605.02 oc listed
ecord specifies a delayed effective dat is filed.	e, but not an effec	tive time, at 1	2:01 a.m. on the o	arlier of: (b) T	he 90th day	y after tl
nted November 12	2020					
15.1						
Son	ature of a member o	or authorized res	resentative of a me	mber		

Filing Fee: \$25.00