

L 20000298542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

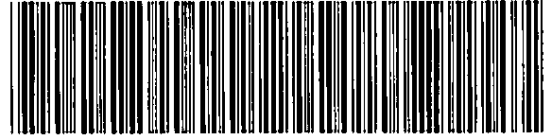
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500354478095

RECEIVED

2020 NOV 10 PM 2:05

STATE OF
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2020 NOV 10 AM 9:10

STATE OF
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Y SULKER

NOV 12 2020

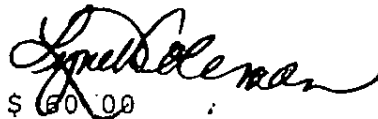
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 503481 8324872

AUTHORIZATION :

COST LIMIT : \$ 50.00



ORDER DATE : November 9, 2020

ORDER TIME : 10:29 AM

ORDER NO. : 503481-005

CUSTOMER NO: 8324872

DOMESTIC AMENDMENT FILING

NAME: TIER 1 AUTO GLASS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tier I 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:

Christopher Drier

Name of Person

Tier I Auto Glass, LLC

Firm Company

1819 Wharf Rd.

Address

Sarasota, FL 34231

City/State and Zip Code

admin@tier1autoglass.biz

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Drier

941 223-2951

at ()

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

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	John E. Drier	1819 Wharf Rd.	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34231	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LaVinia M. Drier	1819 Wharf Rd.	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34231	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Stephen J. Mathews	2735 Forest Knoll Dr.	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34232	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Ch...

Christopher J. Drier

Filing Fee: \$25.00