Division of Corporations

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Daniella Michelle <daniella02252005@icloud.com>

Para: monicayaque@gmail.com

21 de octubre de 2020 a l is 17:24

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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SMART ACCOUNTING CORP

Account Number : 12014000063

Phone

: (786)536-7882

Fax Number

: (786)703-7962

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BELTRAN AUTO GLASS LLC**

Certificate of Status 0 Certified Copy 04 Page Count \$25.00 Estimated Charge

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Help

Daniella Michelle <daniella02252005@icloud.com> Para: monicayaque@gmail.com

21 de octubre de 2020 a las 17:25

[Texto citado oculto]

COVER LETTER

TO: Registration Sec Division of Corp				•		
OVER CT.	BELTRAN	NAUTO GLASS LLC				
SUBJECT:	Name of Limi	ted Liability Company				
The meleced Articles of	Amendment and fee(s) are sub-	nitted for filing.				
	ndence concerning this matter					
		MICHEL BELTR	AN			
		Name of Person				
		BELTRAN AUTO GLA	SS LLC			
		Firm/Company				
		542 WEST 79TH 8	PLACE			
		Address				
		HIALEAH, FL 330	1 4			
		City/State and Zip Code				
		avtaxsmart@gmai				
	E-mail address; (to be used for future annual:	eport notification)			
For further information o	oncerning this matter, please co	al):		2020 OCT		
MICHE	L BELTRAN	305 at ()	975-8865	807		
Name o	f Person	Area Code	Daytime Telephone Nu	, • -		
Enclosed is a check for the	ne following amount:			S 🐫		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Cert	00 Filing Fee, Sificate of Status & ified Copy tional copy is enclosed)		
Mailing Addres		Street Ad				
Registration Section		Registration Section				
Division of C	-		of Corporations			
P.O. Box 632	. /	i fie Cei	in Collimitation			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		TO GLASS LLC				
(Name of the Limited (A	Liability Compan Florids Lumted Li	iy as it now appears on lability Company)	oor records.)			
The Articles of Organization for this Limited Liab Florida document number				and assigned		
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of t	he limited liabl	lity company here:				
N/A			neign "I I C" or the shi	brevietion "L.L.C."		
The new name must be distinguishable and contain the wor Enter new principal offices address, if applical		N/A	ngnon EEC of the act	yeviadii dioi v		
(Principal office address MUST BE A STREET						
Enter new mailing address, if applicable:		N/A				
(Mailing address MAY BE A POST OFFICE B	OX)					
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office a <u>here</u> :	address on our reco	ords, <u>enter the nam</u>	e of the new egistered		
Name of New Registered Agent:	MICHEL BE	LTRAN				
New Registered Office Address:	542 WEST 79TH PLACE					
NEW REGISIERED OFFICE AUGUST.		Enter Florida	street address			
	HIALEAH		. Florida	33014		
		City	200,000	Ztp 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 ind 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 = Anthorized Member

<u>Title</u>	Name	Address	Type of A tion
MGR	MICHAEL BELTRAN RUBIO	542 WEST 79TH PLACE	□\dd
		HIALEAH, FL 33014	■Remo\ e
			☐Chang:
MGR	MICHEL BELTRAN	542 WEST 79TH PLACE	■Add
		HIALEAH, FL 33014	□Remo e
			□Chang:
			□Add
			PRemo 'e
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Filing Fee: \$25.00