

L20 000 370733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

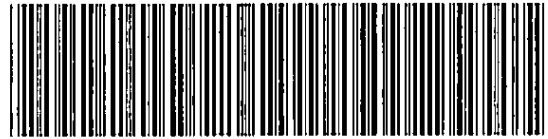
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMAZON PREFERRED 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:

WILLIAM S CAMP

\_\_\_\_\_  
Name of Person

AMAZON PREFERRED AUTO GLASS LLC

\_\_\_\_\_  
Firm/Company

7632 15TH ST E

\_\_\_\_\_  
Address

SARASOTA, FL 34243

\_\_\_\_\_  
City/State and Zip Code

BILL@ATHOMEAUTOGLASS.SHOP

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

For further information concerning this matter, please call:

WILLIAM S CAMP

941 260-2886  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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>
MGR	CAMP, WILLIAM	7632 15TH ST E	<input type="checkbox"/> Add
		SARASOTA, FL 34243	<input type="checkbox"/> Remove
		941-260-2886	<input checked="" type="checkbox"/> Change
MGR	WILLIAMS, JEREMIAH	7632 15TH ST E	<input type="checkbox"/> Add
		SARASOTA, FL 34243	<input type="checkbox"/> Remove
		941-260-2886	<input checked="" type="checkbox"/> Change
MGR	STUMP, MCKENZIE	4633 GLENBROOKE DRIVE	<input type="checkbox"/> Add
		SARASOTA, FL 34243	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	O'BRIEN, BRIANA	13618 7TH AVE CIRCLE NE	<input type="checkbox"/> Add
		BRADENTON, FL 34212	<input checked="" 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

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(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.

Dated APRIL 20, 2023

WILLIAM CAMP

Typed or printed name of signee

**Filing Fee: \$25.00**