L21000317440

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Codified Contract Con
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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COVER LETTER

TO: Registration So Division of Cor			
Bond Auto SUBJECT:	Glass of Tampa Bay, LLC		
SOBJECT.	Name of Lin	ited Liability Company	Daytime Telephone Number \$ \$60.00 Filing Fee.
	Amendment and fee(s) are sub		
	Mikel Slaman		
	·	Name of Person	
	Bond Auto Glass of Tampa	a Bay, LLC	
		Firm/Company	
	9602 US Highway 19 Suite	e 309	
		Address	
	Port Richey, FL 34668		
	·	City/State and Zip Code	
	admin@bondautoglass.com	to be used for future annual report no	*!!Toneiou\
For further information of	concerning this matter, please c	•	(meation)
Mikel Słaman	_	833 865.2663	
Name o	of Person	Area Code Daylii	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Bond Auto Glass of Tampa Bay, LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on	07/12/2021 and assigned
Florida document number L21000317440	-
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2021 SEC
(Principal office address MUST BE A STREET ADDRESS)	
	N N M
Enter new mailing address, if applicable:	SE SO SE
(Mailing address MAY BE A POST OFFICE BOX)	22
D. If amounting the service of the s	
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter F	lorida street address
	, Florida
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code

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	Address	Type of Action
MGR	Mikel Slaman	7039 Nebula Street Weeki Wachee, FL 34613	🗆 Add
			□Remove
		Change Authorized Representative to Manager	Change
MGR	Christopher Ott	12863 Downstream Circle Orlando, FL 32828	□Add
			Remove
		Change Authorized Representative to Manager	AS 22 mge mg
AR	Lightning Capital Investment Trust	·	73 7 □ Add
		5811 BEVERLY DRIVE Hudson, FL 34667	Remove 29
			□ Change
			□Add
			□Remove
		·	□Change
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