

121000317666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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10/02/21



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09/24/21--01013--003 **25.00

FILED
21 SEP 24 AM 3:07
STATE OF MISSISSIPPI
CLERK OF SUPREME COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bond Auto Glass of Orlando, 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:

Deniscia Monte

Name of Person

Bond Auto Glass of Orlando, LLC

Firm/Company

9602 US Highway 19 Suite 309

Address

Port Richey, FL 34668

City/State and Zip Code

Admin@BondAutoGlass.com

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

For further information concerning this matter, please call:

Deniscia Monte

813

454.3168

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
Tallahassee, FL 32314

Street Address:

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

FILED
DIVISION OF CORPORATIONS
SEP 26 AM 3:07
TALLAHASSEE, FL

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

Bond Auto Glass of Orlando, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/12/2021 and assigned
Florida document number L21000317666.

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip 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 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>	<u>Type of Action</u>
MGR	Christopher Ott	12863 Downstream Circle	<input type="checkbox"/> Add
		Orlando, FL 32828	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mikel Slaman	7039 Nebula Street	<input type="checkbox"/> Add
		Weeki Wachee, FL 34613	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Deniscia Monte	11540 Manistique Way	<input checked="" type="checkbox"/> Add
		New Port Richey, FL 34654	<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


21 SEP 2014
 FL
 DEPT OF STATE
 DIVISION OF REVENUE
 TAX SERVICES

[illegible]

FILED
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
21 SEP 24 AM 3:07
1005.020743(b)

(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(c)(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.


Signature of a member or authorized representative

Frank V. Monte

Typed or printed name of signee

Filing Fee: \$25.00