

L230000015753

(Requestor's Name)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Automotive Replacement Glass Depot 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:

Antion White
Name of Person

Automotive Replacement Glass Depot LLC
Firm/Company

1451 NW 62nd Street STE 300
~~1451 SW 62nd Street~~
Address

Fort Lauderdale, FL 33309
City/State and Zip Code

automotive.replacement.glass@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antion White at (954) 687-6943
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

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

Automotive Replacement Glass Depot 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 1-6-23 and assigned
Florida document number L230000015753.

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)

1451 NW 62nd Street STE 300
Fort Lauderdale, FL 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1451 NW 62nd Street STE 300
Fort Lauderdale, FL 33309

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:

1451 NW 62nd Street STE 300 ~~Fort Lauderdale~~
Enter Florida street address
Fort Lauderdale, Florida 33309
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

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HARRIS
FLORIDA

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	Williams, Rashawn	1451 W. Cypress Creek Rd	<input type="checkbox"/> Add
		Suite 300 Fort Lauderdale, FL	<input checked="" type="checkbox"/> Remove
		33309	<input type="checkbox"/> Change
MGR	ZHA Xiyah Owens	1451 NW 102nd Street	<input checked="" type="checkbox"/> Add
	Owens	STE 300 Fort Lauderdale	<input type="checkbox"/> Remove
		FL 33309	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<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.

Ant. H. C.

Anticon White

Typed or printed name of signee

2023 JUL 11 AM 7:46
SECRETARY U.S. DE
TALLAHASSEE, FLORIDA
90th day after

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