L23000195732

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TO:	Registration Se Division of Cor		4	·
erin ii		N AUTO GLASSWORKS LL	С	
SUBJI	r.CT:	Name of Lin	ited Liability Company	
The en	sclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		MELISSA JOHNSON		
			Name of Person	
		PRECISION AUTO GLA	SSWORKS LLC	
			Firm/Company	
		1144 N LIME AVE		
			Address	
		SARASOTA, FL 34237		ι_
			City/State and Zip Code	·
		MELISSA@OPTIC-KLEE		
			to be used for future annual report notificat	~ `
For fur	ther information c	oncerning this matter, please c	all:	:
MELI	SSA JOHNSON		941 218-3104 at ()	
	Name o	f Person	Area Code Daytime Te	elephone Number
Enclos	ed is a check for th	ne following amount:		
\ \$2	5.00 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 tadditional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Section	on.
	Division of C		Division of Corpor	
	P.O. Box 632	.7	The Centre of Tall	ahassee
	Tallahassee, I	FL 32314	2415 N. Monroe S	treet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000195732	y were filed on 4/20/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		. 20
Enter new mailing address, if applicable:	1144 N LIME AVE	1 . D
(Mailing address MAY BE A POST OFFICE BOX)	SARASOTA, FL 34237	:
Muning address may be a rost of rice boay		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter th</u>	e name of the new regi
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

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>	Address	Type of Action
MGR	MELISSA JOHNSON	1144 N LIME AVE	√∧dd
		SARASOTA, FL 34237	□Remove
			☐ Change
			□Add
			□Remove
			□Remove
			☐Change
		_	 ⊡Add
			□Remove
			□Change
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te date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a fithe date inserted in this block does not meet the applicable statutory filing requirements, int's effective date on the Department of State's records.	otional) fler filing.) Pursuant to 605.02 this date will not be listed
specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: d.	(b) The 90th day after the
UNE 6 2023 Mellow August of a member of a uthorized representative of a member	

Filing Fee: \$25.00