

L24000124319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

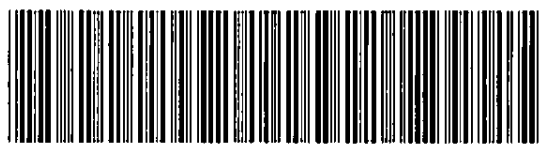
(Business Entity Name)

(Document Number)

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2024 APR 11 pm 3:54
STATE OF ARIZONA
CLERK OF SUPERIOR COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Omega 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:

Angela Andrea Arango
Name of Person

Pro Windshield Solutions LLC
Firm/Company

6140 NW 54th Ave
Address

TAMARAC FL, 33319
City/State and Zip Code

Omega Auto Glass LLC @ Gmail . com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Arango at (954) 459-6573
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

Omega Auto Glass LLC

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

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2024 APR 11 PM 3:54

SECRET
STATE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/12/2024 and assigned Florida document number L24000124319.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Pro Auto Glass Solutions LLC

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)

6140 NW 54th Ave
TAMARAC FL 33319

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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:

Angela Andrea Arango

New Registered Office Address:

6140 NW 54th Ave

Enter Florida street address

TAMARAC, Florida 33319
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.

Angela Arango

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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