## L24000243489

| (Re                     | equestor's Name)   |              |
|-------------------------|--------------------|--------------|
| (Ad                     | ddress)            |              |
| (Ad                     | ldress)            | <del>-</del> |
| (Cit                    | ty/State/Zip/Phone | e #)         |
| PICK-UP                 | ☐ WAIT             | MAIL         |
| (Bu                     | isiness Entity Nar | ne)          |
| (Do                     | ocument Number)    |              |
| Certified Copies        | _ Certificates     | s of Status  |
| Special Instructions to | Filing Officer:    |              |
|                         |                    |              |
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7/15/24 K4

## **COVER LETTER**

Registration Section

TO:

| Division o            | f Corporations   |  |   |
|-----------------------|--|--|---|
| A&M                   | Glass Replacement, LLC   |  |   |
| SUBJECT:              | Name of Lin  | nited Liability Company  | <del></del>                               |
| The enclosed Articl   | Address:  Afteress:  At Glass Replacement, LLC  Name of Limited Liability Company  Cles of Amendment and fee(s) are submitted for filling.  Amanda Ryan  Name of Person  A&M Glass Replacement  Pinn/Company  PO Box 293  Address  Raiford, FL 32083  City/State and Zip Code  aandmglassreplacement@gmail.com  E-nail address: (to be used for future annual report notification)  nation concerning this matter, please call:  Area Code  So 30.00 Filing Fee & Side Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Address:  ation Section  Registration Section  Division of Corporations |  |   |
| Please return all con | rrespondence concerning this matter  | r to the following:  |   |
|                       | Amanda Ryan  |  |   |
|                       |  | Name of Person   |   |
|                       | A&M Glass Replacement  |  |   |
|                       |  | Firm/Company   |   |
|                       | PO Box 293   |  |   |
|                       |  | Address  |   |
|                       | Raiford, FL 32083  |  |   |
|                       | <del></del>  | City/State and Zip Code  |   |
|                       |  |  |   |
|                       | E-mail address:  | (to be used for future annual report noti                              | fication)                                 |
| For further informa   | tion concerning this matter, please  | call:  |   |
| Amanda Ryan           |  |  |   |
| N                     | ame of Person  | Area Code Daytim   | e Telephone Number                        |
| Enclosed is a check   | for the following amount:  |  |   |
| ■ \$25.00 Filing F    |  | Certified Copy   | Certificate of Status & Certified Copy    |
| Division<br>P.O. Box  | tion Section<br>of Corporations<br>x 6327  | Registration Se<br>Division of Cor<br>The Centre of T<br>2415 N. Monro | porations Callahassee e Street, Suite 810 |

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

| (Name of the Limited Liability Compa<br>(A Florida Limited I   | ny as it now appears on our re-<br>liability Company) | cords.)                           |  |
|--|---|-----------------------------------|--|
| The Articles of Organization for this Limited Liability Company Florida document number L24000243489   | were filed on 05/28/2024                              | and assigned                      |  |
| This amendment is submitted to amend the following:  |   |                                   |  |
| A. If amending name, enter the new name of the limited liab  | ility company here:                                   |                                   |  |
| he new name must be distinguishable and contain the words "Limited Liabil  | lity Company," the designation "                      | LLC" or the abbreviation "L.L.C." |  |
| Enter new principal offices address, if applicable:  | 17617 NE 271st Ave                                    |                                   |  |
| Principal office address MUST BE A STREET ADDRESS)   | Lawtey, FL 32058                                      |                                   |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>er</u>                     | nter the name of the new registe  |  |
| Name of New Registered Agent:  |   |                                   |  |
| New Registered Office Address:   | Enter Florida street ad                               | ddress                            |  |
|  | , Florida   |                                   |  |
|  | •   | Zip Code                          |  |
| New Registered Agent's Signature, if changing Registered Agent:  |   |                                   |  |
| thereby accept the appointment as registered agent and agrorovisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as p               | performance of my dutie.<br>provided for in Chapter 6 | s, and I am familiar with and     |  |

company has been notified in writing of this change.

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>                         | Type of Action |
|--------------|--------------|--|----------------|
| MGRM         | Andrew Perez | 4714 Kim Ln                            |                |
|              |              | Keystone Height, FL 32656              | ■Remove        |
|              |              |  | □Change        |
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| amending any other informati  | ,   | ,                         |   |                         |
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|   | 06/25/2024  | 1                         | (A:B)   |                         |
| fective date, if other than the dan effective date is listed, the date must ote: If the date inserted in this blooming the date on the Department's effective date on the Department. | e specific and cannot be prion k does not meet the appli- | cable statutory filing re | (optional)<br>than 90 days after filing<br>equirements, this date | .) Pursuant to 605.020' |
| record specifies a delayed effective is filed.  | date, but not an effective                                | time, at 12:01 a.m. on t  | the earlier of: (b) Th  | ne 90th day after the   |
| June 25   | 2024  |                           |   |                         |
| ated  | ol b  |                           |   | •                       |
|   | ignature of a member or auti                              | norized representative of | a member  | ···                     |
|   |   |                           |   |                         |
| Amanda Ryan   |   | ted name of signee        |   | ·                       |

Filing Fee: \$25.00