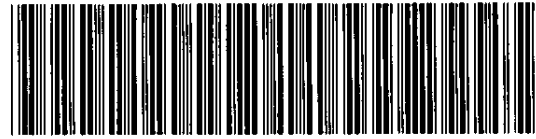


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12/23/13--01040--001 **30.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status

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13 DEC 23 PM 12:27
STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DEC 23 2013

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Glass Brokers 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:

Joshua Seiter

Name of Person

Florida Glass Brokers LLC

Firm/Company

5137 Chelwyn Ct

Address

Orlando, FL 32837

City/State and Zip Code

moblecarcareorlando@gmail.com

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

For further information concerning this matter, please call:

Joshua Seiter

Name of Person

at 407 488-0023

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Florida Glass Brokers, LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

APPROVED
AND
FILED
13 DEC 23 PM 12:28

The Articles of Organization for this Limited Liability Company were filed on 04/28/10 and assigned
Florida document number H10000045348

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 end with 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)

Joshua Seiter
5137 Chelwyn Ct
Orlando, FL 32837

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

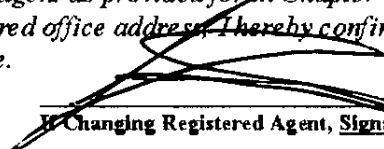
5137 Chelwyn Ct
Orlando, FL 32837

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: Joshua Seiter
New Registered Office Address: 5137 Chelwyn Ct
Enter Florida street address
Orlando, Florida 32837
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 608, 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.


Joshua Seiter
If Changing Registered Agent, Signature of New Registered Agent

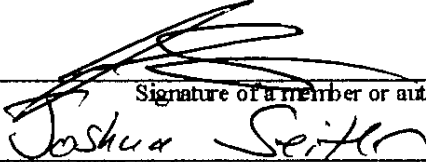
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Joshua Seiter	5137 Chelwyn Ct Orlando, FL 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jonathian C. Vargas	4620 Holly Branch Dr. Orlando, FL 32811	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Ray Person	2423 Beechnut Ln Tall, FL 32303	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated December 12, 2013



Signature of a member or authorized representative of a member
Joshua Seitel

Typed or printed name of signee