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COVER LETTER

TO:

TO: Registration Division of C			
GLASSI SUBJECT:	ES G3 INVESTMENTS, LLC		
SOBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Luis A. Hitcher		
		Name of Person	
	Glasses G3 Investments, I	LLC	
		Firm/Company	
	PO Box 521234		
		Address	
	Miami, FL 33152		
		City/State and Zip Code	 -
	Luis44_51@hotmail.com		
	E-mail address:	(to be used for future annual report noti	fication)
For further information	concerning this matter, please c	rall:	
Roberto Quintero		786 241 8611	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addr		Street Address:	
Registration		Registration Section	
P.O. Box 63	Corporations	Division of Corporations The Centre of Tallahassee	
Tallahassee			allanassee e Street Suite \$10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records:)

(A Florida Limited Liability Company) GLASSES G3 INVESTMENTS, LLC The Articles of Organization for this Limited Liability Company were filed on $\stackrel{09/05/2017}{-}$ and assigned Florida document number L17000188522 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.I.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Glasses G3 Investments, LLC Enter new mailing address, if applicable: PO Box 521234 (Mailing address MAY BE A POST OFFICE BOX) Miami, FL 33152 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: Enter Florida street address

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		<u>:</u>	
<u>Title</u>	<u>Name</u>	Address	ZII SZ 17 Mi 6:27	Type of Action
			. **	□Add
				□Remove
				□Change
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				□Remove
				□Change

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Tective date, if other than the date of filing the effective date is listed, the date must be specific as tee. If the date inserted in this block does not cument's effective date on the Department of	nd cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 meet the applicable statutory filing requirements, this date will not be listed as
ecord specifies a delayed effective date, but no is filed.	ot an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
September 8	2021
	• •

Typed or printed name of signee