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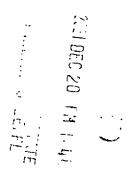
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A. BUTLER
JAN - 6 2022

## **COVER LETTER**

Division of Corporations
SUBJECT: A Florida Glass and Glazing C. 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:
Wendy Hernandez
A Florida Glass and Glazing U.C.
10853 SW 224th Ter Address
Miami, FC 33170 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wendy Hernandez  Name of Person  at 1954, 802-4044  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Florida Glas	s and Glazina	E O 20 111 1.41
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on of la Limited Liability Company)	pr records.)
The Articles of Organization for this Limited Liability (Florida document number		TE STE
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records	s, 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 stre	et address
		Florida
	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.

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 Title Name Address Type of Action wendy Hernandez 10853 SW 224 Ter DANG Miani, FC 33170 DRemove \_\_\_\_\_ Change MZR wendy Hernandez 10853 SW 224th Ter and Miani FC 33170 | Remove \_\_\_\_\_ Change \_\_\_\_\_ □Remove \_\_\_\_\_\_ Change \_\_\_\_\_ □Remove \_\_\_\_\_\_ □ Remove \_\_\_\_\_ □Change \_\_\_\_\_\_ □ Remove

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		M	2				
		Signature of	f a member or aut	horized representa	tive of a member	<u> </u>	<del></del>
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