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## **COVER LETTER**

	Registration Se Division of Cor					
eum ire	IMPACT G	LASS CONSTRUCTION, LL	С			
SUBJEC	.li <u>,</u>	Name of Lim	ited Liability Company	<del></del>		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		PEDRO H CASTILLO				
			Name of Person			
		IMPACT GLASS CONST	RUCTION, LLC			
		<u>-</u>	Firm/Company			
		3089 SW 21 STREET				
			Address			
		MIAMI, FL 33145				
			City/State and Zip Code			
		•	.ASSCONSTRUCTION.COM			
For furth	er information c	ti-mail address: ( oncerning this matter, please ca	to be used for future annual report notif	ication)		
		oncerning and maner, prease en				
PEDRO ———	CASTILLO		786 4885286 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed	l is a check for th	ne following amount:				
\$25.0	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

2017 JUN 19 AM 11:27

TALLAHASSET FLORIO,

IMPACT GLASS CONSTRUCTION, LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	mpany were filed on 06/07/2017	and assigned
Florida document number L17000124504	÷	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe	ared office address on our records	outer the many of the
registered agent and/or the new registered office addre		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Flor	rida
	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 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>	Address	Type of Action
MGR	ABELARDO DE LA ESPRIELLA	3089 SW 21TH STREET	□ Add
		MIAMI FL 33145	<b>□</b> Remove
			Change
MGR	SANTIAGO E GUZMAN	3168 SW 153 CT	Add
		MIAMI FI. 33185	Remove
			Change
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The 90th day af	ter the record	is filed.			,		
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Filing Fee: \$25.00

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