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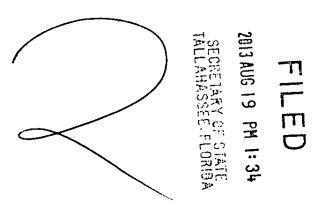
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AUG 2 0 2013 J. BRYAN

COVER LETTER

TO: Registration Section

Division of Corporations
SUBJECT: Prestige Glass Art LC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Scherer Name of Person
Firm/Company
8005 Magan Hammack Way
Savasofa FL 34240 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (941) 721-16758 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$ \[\begin{align*} \text{Certificate of Status} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \end{align*} \text{Certified Copy} \\ \text{(additional copy is enclosed)} \end{align*}
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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ARTIC	CLES OF ORGAN	IZATION 🕏	FILED 134
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		ow appears on our records.) ompany)	
(A)	Florida Limited Liability C	ompany)	نِنْ الْحِيْنَ
The Adults of Ossacional or Condita I haded the	hillian Cammann, man fila	1-10-10	and Topic and
The Articles of Organization for this Limited Lia	idility Company were the		and-assigned
Florida document number <u>L1000</u> 07	4784		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability com	pany here:	
The new name must be distinguishable and end with	the words "Limited Liabil	ity Company," the designation	'LLC" or the abbreviation
"L.L.C."			•
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
			<u> </u>
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>		<u></u>
B. If amending the registered agent and/o		ress on our records, <u>enter</u>	the name of the new
registered agent and/or the new registered off	ice address here:		
	m 1 1-	A C \	-
Name of New Registered Agent:	Kobert	O. Scherer	
New Project of Office Address	"Same"		
New Registered Office Address:		Enter Florida street ac	dress
		, Florida _	7: 0-1
	Citv		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.

Refuel O. School 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 **Type of Action** <u>Title</u> **Name Address** Carol H Scherer 8005 Hugan Hammade Add Member Mehnie Borber 581 Broadway St. Remove Remove Remove Remove

. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
ated	8.14.13
-	Black O-Scham
	Signature of a member or authorized representative of a member
	Robert O. Scherer
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

