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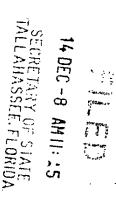
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COVER LETTER

TO: 'Registration Section Division of Corporations
SUBJECT: Restige Glass Art 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:
Robert Scherer Name of Person
Firm/Company
8005 Megan Hummack Way
Scrascher 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:
Melanie Barber at (94) 586-7223 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status} \text{Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

	(Name of the Limit	ted Liability Company as it now appears on our records,) (A Florida Limited Liability Company)	
The Articles	of Organization for this Limited L	iability Company were filed on	and assigned
Florida docur	ment number		
This amendm	nent is submitted to amend the foll	lowing:	•
A. If amend	ling name, <u>enter the new name o</u>	of the limited liability company here:	
`			
The new name r	must be distinguishable and end with the	words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new p	rincipal offices address, if applic	cable:	
(Principal of	fice address MUST BE A STREE	ET ADDRESS)	
(Mailing add	ress MAY BE A POST OFFICE	BOX)	
D If omen	ding the registered agent and	or registered office address on our records, enter	u the name of the nor
	gent and/or the new registered of		Pro
<u>Ņan</u>	ne of New Registered Agent:		AR DE
Nev	v Registered Office Address:	Enter Florida street address	S ≥ 1
		, Florida,	Zip Code
New Register	ed Agent's Signature, if changing I	,	RID
			>

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u> **Address Type of Action** <u>Name</u> Melanie Barber 581 □ Remove □ Add ☐ Remove □ Add ☐ Remove _□ Remove _□ Add _□ Remove

tive date, if other than the date of filing:	(optional)
ate this document is filed by the Florida Department of State)	d cannot be more than 90 days after
1_12/14.	
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Coleda). Schee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FEORIT