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(Re	questor's Name)	
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J. SAULSBERRY EXAMINER JUN 14 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Architechtural Glass Solutions 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:

Lawrence E King

Name of Person

Architechtural Glass Solutions LLC

Firm/Company

8086 27th ave

Address

Saint Petersburg, FL 333710

City/State and Zip Code

archglass10@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lawrence King

₃₁,727,504**-**9701

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐S60.00 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

ARCHITECTURAL GLASS SOLUTIONS 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	Company were filed on 07/21/2010	and assigned
Florida document number L10000076739	·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
Alpha Architectural Solutions LLC		
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADd	DRESS)	
		2013 J
Enter new mailing address, if applicable:		影量 □
(Mailing address MAY BE A POST OFFICE BOX)		\(\overline{\alpha} \)
B. If amending the registered agent and/or regregistered agent and/or the new registered office agent.		enter the mame of the nev
registered agent and/or the new registered office at	duress nere.	·
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida si	treet address
	. Flo	orida
-	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 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.

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 = Man	Name Address Type of Action		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Г.
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If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
_{ed} May :	31 2013
	Tairma I Die
L	Signature of a member or authorized representative of a member awrence King
	Typed or printed name of signee

typed or primed name of s

Page 3 of 3

Filing Fee: \$25.00

FILED
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