

L11000119287

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culigan NOV 17 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: O'DONNELL'S GLASSWORKS, 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:

THOMAS O'DONNELL

Name of Person

O'DONNELL'S GLASSWORKS, LLC

Firm/Company

1705 MASSACHUSETTS AVENUE

Address

SAINT CLOUD FL 34769

City/State and Zip Code

odonnellsglassworks@gmail.com

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

For further information concerning this matter, please call:

THOMAS O'DONNELL

Name of Person

at (**407**)

508-0069

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)

☐ \$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**

O'DONNELL'S GLASSWORKS, LLC

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

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 10/19/2011 and assigned Florida document number L11000119287.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, 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 street 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 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

MGR = Manager
MGRM = Managing Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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11 NOV 16 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Dated November 14, 2011

Thomas O'Donnell
Signature of a member or authorized representative of a member

THOMAS O'DONNELL
Typed or printed name of signee