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(Re	questor's Name)	
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COVER LETTER

TQ:

Registration Section Division of Corporations

THE WORLD OF GLASS OF CENTRAL FLORIDA, LLC **SUBJECT:**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

3219513008

Please return all correspondence concerning this matter to the following:

DOMENIC H. CALICCHIA

PROFESSIONAL ACCOUNTING SERVICES

Firm/Company

1520 BOTTLEBRUSH DR. NE

Address

PALM BAY, FL 32905

City/State and Zip Code

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

For further information concerning this matter, please call:

Area Code & Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

S25.00 Filing Fcc

□\$30.00 Filing Fee & Certificate of Status □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$60.00 Filing Fec, 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 Taliahassee, FL 323011

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE WORLD OF GLAS			
(Name of the Limited Liability (A Florida Li	Company as it now appears of imited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on NOV	EMBER 21, 2011	and assigned
Florida document number L11000132666	- ∙		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company.	" the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:		100 per 100 pe	<u> </u>
(Principal office address MUST BE A STREET ADDRE	ESS)	SS SS	
		LOR VIS VIS	
Enter new mailing address, if applicable:		5	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered agent and/or the new registered office addr		records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street addres	5
	<u></u>	, Florida	7: 0.1
	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.

MGR = Manager

07/17/2013 10:04 3219513008

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:

MGRM = Managing Member Type of Action <u>Name</u> <u>Address</u> Title Title 7825 ELLIS RD. UNIT C MOHAMMED ELKHALDI MGRM W. MELBOURNE Remove 32904 35 Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_JULY 17 2013 Signature of a member or authorized representative of a member SUNETTE ELKHALDI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00