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**EXAMINER** 



000240902270

10/25/12--01023--012 \*\*25.00



## **COVER LETTER**

10:	Division of Co	rporations		· ×
; SUBJE	vom " ! ·	Glaze	ed & Infused	
SUBJE	EC1:	Name of Limi	ted Liability Company	
				and the season of the season o
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Matt Kaminsky Name of Person	·
		,	Firm/Company	<u> </u>
			914 Plaza Court	
			Address	
	:		Orlando, FL, 32803	
			City/State and Zip Code	
		E-mail address: (	edNinfused@gmail.com to be used for future annual report notifi	cation)
For fur	ther information of	concerning this matter, please of	eall:	·
	M:	att Kaminsky	at ( 954 )	647-741
	****	of Person	Area Code & Daytimo	e Telephone Number
Enclos	ed is a check for t	he following amount:		
		\$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)
	Regist Divisi P.O. B	AING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations  nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Glazed & (Name of the Limited Liability Compa) (A Florida Limited I		ords.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on01/01/2	012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	914 Plaza Court	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL, 32803	12 O
Enter new mailing address, if applicable:	914 Plaza Court	CT 25 PH
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL, 32803	IZ: 24 SINIE FLORID
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:	····	
New Registered Office Address:	Enter Florida si	treët address
	Fle	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

<u>Title</u>	Name	Address	Type of Action.
<u>:</u>			Add Remove
			Add Remove
			Add Remove
	•		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
<u>.                                    </u>			. <u> </u>
	October 19	042	· <del></del>
 Dated		or authorized representative of a member	

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Filing Fee: \$25.00