L170000 21820

| (Re | questor's Name) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 26, 2015

CESAR VELOZ 850 GREEN ST WEST PALM BEACH, FL 33405

SUBJECT: DIAMOND MIRROR & GLASS, LLC

Ref. Number: L13000021820

We have received your document for DIAMOND MIRROR & GLASS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 215A00004060

COVER LETTER

| Division of Co | | | |
|---------------------------|--|---|--|
| SUBJECT: DIAMO | ND MIRROR & GLASS, | LLC | |
| SUBJECT. | Name of Lim | ited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | CESAR VELOZ | | |
| | | Name of Person | |
| | DIAMOND MIRROF | R & GLASS, LLC | |
| | | Firm/Company | _ |
| | 850 GREEN STREE | ΞΤ | |
| | | Address | 18. 20. 2. 20. 107. 20. 107. |
| | WEST PALM BEAC | H, FL 33405 | |
| | | City/State and Zip Code | |
| | cveloz911@live.com | to be used for future annual report notifi | (agtion) |
| The Contract Comment | · | | |
| | concerning this matter, please c | | |
| CESAR VELOZ | | 561 424-1917 | |
| 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) | □ \$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

| | | R & GLASS, LLC | | | |
|---|--|---|------------------------|------------------|--|
| (Name of the Limit | ed Liability Compa (A Florida Limited I | ny as it now appears on Liability Company) | our records.) | | |
| The Articles of Organization for this Limited Li Florida document number L13000021820 | ability Company | were filed on 02/11 | /2013 | and as | signed |
| This amendment is submitted to amend the following | owing: | | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | | | |
| The new name must be distinguishable and end with the | vords "Limited Liab | sility Company," the desig | nation "LLC" or th | e abbreviation " | L.L.C." |
| Enter new principal offices address, if application | able: | 850 GREEN ST | REET | | |
| (Principal office address MUST BE A STREET ADDRESS) | | WEST PALM BEACH, FL 33405 | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A | <u>BOX)</u> | 850 GREEN ST WEST PALM B | | 405 | |
| B. If amending the registered agent and/registered agent and/or the new registered of | or registered of fice address her | ffice address on our e: | r records, <u>ente</u> | rathe name | of the new |
| Name of New Registered Agent: | CESAR VE | LOZ | | 第 2 | The state of the s |
| New Registered Office Address: | 850 GREEN | N STREET | | | 3 |
| - | | Enter Florida st | reet address | ္တိုင္း ထဲ | |
| | WEST PAL | М ВЕАСН | , Florida | 33405 <u> </u> | |
| | | City | 39 | 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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address linearly 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> | Name | Address | Type of Action |
|--------------|----------------------|---------------------------|----------------|
| MGR | Daimi Navarro-Galano | 850 GREEN STREET | □ Add |
| | | WEST PALM BEACH, FL 33405 | Remove |
| MGR | CESAR VELOZ | 850 GREEN STREET | a Add |
| | | WEST PALM BEACH, FL 33405 | □ Remove |
| | | | □ Add |
| | | | □ Remove |
| | | | |
| | | | Remove |
| | | | 69 F |
| | | | _□ Remove |
| | | | □ Add |
| | | | _L Add |
| | | | _□ Remove |

| If amending any other information, enter change(s) here: (Attack | h additional sheets, if necessary.) |
|---|--|
| <u> </u> | |
| | |
| , • | |
| | |
| | |
| Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State) | (optional) I cannot be more than 90 days after |
| Dated FEBRUARY 13 , 2015 | |
| Signature of a member of authorized repre | sentative of a member |
| DAIMI NAVARRO-G | ALANO |
| Typed or printed name of | signee |

Page 3 of 3

Filing Fee: \$25.00

