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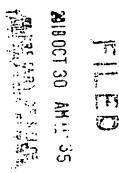
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COVER LETTER

Division of Co GIO GLA SUBJECT:	orporations ASS & MIRROR LLC		
	Name of Limite	d Liability Company	
The enclosed Articles of	of Amendment and fee(s) are subm	itted for filing.	
Please return all corres	pondence concerning this matter to	the following:	
	GERMAN G RUANO		
		Name of Person	_
	GIO GLASS & MIRROR LI	_C	
		Firm/Company	
	231 NE 174TH ST		
		Address	
	NORTH MIAMI BEACH. F	L 33162	
	ONESTOPSERVICES@USA	City/State and Zip Code c.COM	
	E-mail address: (to	be used for future annual report notif	ication)
For further information	concerning this matter, please call	:	
GERMAN G RUANO		786 439-6106	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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:

TO:

Registration Section

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

GIO GLASS & MIRROR 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 ______ and assigned Florida document number . 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," 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

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, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	SHEYLA RUANO	231 NE 174TH ST	
		NORTH MIAMI BEACH, FL 33162	
			■ Remove
			Change
			Add
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing ote: If the date inserted in this block does not meet the applicable statutory beament's effective date on the Department of State's records.	(optional) for more than 90 days after filing.) Pursuant to 605.	020 d a.
e record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlie	er d
OCTOBER 18 2018		
	tative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00