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COVER LETTER

Registration Section

TO:

Division of Co	rporations		•
	ABLE GLASS, MIRROR AND	SCREEN LLC	
SUBJECT:	Name of Lin	nited Liability Company	
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: Robert Senn Name of Person AFFORDABLE GLASS, MIRROR AND SCREEN LLC Firm/Company 1706 North Magnolia Avenue Unit 101 Address Ocala, FL 34475 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shaina Schifkovitz Name of Person Name of Person Area Code Daytine Telephone Number Enclosed is a check for the following amount: \$\begin{array}{c} \text{S25.00 Filing Fee} \text{ S60.00 Filing Fee} \text{ Certificate of Status} \text{ Certified Copy} \text{ (additional copy is enclosed)} \text{ Certificate of Status} \text{ & Certificate of Status} \text{ & Certified Copy} \text{ (additional copy is enclosed)} \text{ Division of Corporations} \text{ Division of Corporations}			
Please return all corresp	ondence concerning this matter	to the following:	
	Robert Senn		
		endment and fee(s) are submitted for filing. Increase concerning this matter to the following: Robert Senn Name of Person AFFORDABLE GLASS, MIRROR AND SCREEN LLC Firm/Company 1706 North Magnolia Avenue Unit 101 Address Ocala, FL 34475 City/State and Zip Code E-mail address: (to be used for future annual report notification) erning this matter, please call: at (
	AFFORDABLE GLASS,		
		Firm/Company	port notification) 9950 Daytime Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ress: ion Section of Corporations re of Tallahassee
	1706 North Magnolia Ave	nue Unit 101	© \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Address	
	Ocala, FL 34475		
		City/State and Zip Code	
SUBJECT: Name of Limited Liability Company			
For further information	concerning this matter, please c	all:	
Shaina Schifkovitz			
Name	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration	Section	Registration Se	
P.O. Box 632	27	The Centre of	Γallahassee
i aiiaiiassee,	1 1. 34314	2413 IV. IVIONIC	e street, suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

75

AECORDADIE CLASS MIRROR AND SO	CREEN LLC	122 J
		<u></u>
(Name of the Limited Liability) (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L13000148108		and assigned 3: 49
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company bere:	
<u></u>		
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	***	
B. If amending the registered agent and/or registered	d office address on our records, enter the na	ame of the new registered
agent and/or the new registered office address here:	(A Florida Limited Liability Company as it now appears on our records.) his Limited Liability Company were filed on 10/21/2013 and assigned 148108 mend the following: new name of the limited liability company here: and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ress, if applicable: BE A STREET ADDRESS) pplicable: ST OFFICE BOX) gent and/or registered office address on our records, enter the name of the new registered office address here: d Agent: Address: Enter Florida street address	
Name of New Registered Agent:		
reame of new registered regent.		
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 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 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>	Name	Address	Type of Action
MGR	Mchael J Pickett	22030 Red Jacket Lane	≅ Add
		Land O' Lakes FL 34639	□Remove
			□Change
			□Add
			□Remove
			☐ Change
			DAdd
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after cord is filed. Dated June 8 June 8 Signature of a member or authorized representative of a member	
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Signature of a member or authorized representative of a member $\frac{1}{2} \approx \frac{1}{2}$	N T DA