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COVER LETTER

TO: Registration Section Division of Corporati	ions		
SUBJECT:	D Glass Name of Limited	and wood wor	k 4.c.
The enclosed Articles of Amen	dment and fee(s) are subm	nitted for filing.	
Please return all correspondence	e concerning this matter to	the following:	
_	Edw	Name of Person	
_	ID Glo	iss and wood w	ork LLC.
<u>. v</u>	2924 Day	Ave. #309 Address	
_	Miar	mi, FL, 33133 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
_	elements E-mail address: (to	be used for future annual report notificat	ion) 2
For further information concern	ning this matter, please call	1:	
Edwin J Name of Perso	Pagan	at (786) 797. Area Code Daytime Te	- 72 H Jephone Number 55
Enclosed is a check for the following	owing 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

	and W	nd work	LLC.			
(<u>Name of the Limited L</u> (A F	iability Company Iorida Limited Lia	y as it now appears ability Company)	on our records.)		
The Articles of Organization for this Limited Liab Florida document number		ere filed on	10/23/20	1 <u>3</u> 2	and assig	med
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of the	<u>ie limited liabili</u>	ty company here:	:			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Compar	ny," the designation	on "LLC"		bbreviation
Enter new principal offices address, if applicab	le:			31.	2014	
(Principal office address MUST BE A STREET.	<u>ADDRESS)</u>			ر معلق ا محد ا محد	((a	1 }
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)x)</u>				P P U	See and
B. If amending the registered agent and/or registered agent and/or the new registered office	registered offi e address here:	ce address on o	ur records, <u>en</u>	ter the	name of	f the new
Name of New Registered Agent:	Edwi	5. P	ligan			
New Registered Office Address:	2924 J	Day Ave. Enle	#309 r Florida street	address		
•	\mathcal{M}	iami	. Florida	33	3133	
		City	,		p Code	
Now Desistand Agent's Signature if shanging Des	datamad Amamt.					

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 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>	<u>Name</u>	Address	Type of Action	
Mar	Edwin J. Pagan	2924 Day Ave. #309	Add	
		2924 Day Ave. #309 miami, FL. 33133	Remove	
Mgr.	Mary Maxwell	20121 SW 115 Ave.	Add	
		Miami, FL. 33189	Remove	
			Add	
			Remove	
		500 (A) (A) (B) (M)	Add	
		(1) (1) (2) (3)	Remove	
			Add	
			Remove	
			– ————————————————————————————————————	
	•		Add	

D.	If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,	
E. (If a	Effe can eff	ctive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b)
Dat	ed _	Jan. 7, 2014
		Signature of a member or authorized representative of a member Edwin J. Pagan
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 JAN -9 PN 5: 14

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