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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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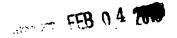
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COVER LETTER

Division of Corporations
SUBJECT: UNITED GLASSLAW + FENESTRATION LLC 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:
SANDOVAL ANCELICA N,
United GLASSLAM + Fenestration, IN LLC Firm/Company
1610 W. 33 PL. Address
Address
Hinlech, FL 33012
City/State and Zip Code UNITED GLASS COMCast. NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANGELICA SAWDOVAL at (786) S35-7814 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$60.00 Filing Fee, Certified copy \text{(additional copy is enclosed)}\$\$ \$Certified Copy \text{(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

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.

City

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 = Au	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FERMIN SANTIAGO 1	1610 W 33 PL HIDLERH, FL 330	Add
	•	HIDLER, FL 330	☐ Remove
AR	Joseph Sando	NAL /6/0 W 33 PL	
·		HIA/ech, FL. 33012	Remove
			Add
			□ Remove
			🗆 Add
		A CONTRACTOR OF THE STATE OF TH	RECORCIONY DAY
			W 26 Add
			Remove
			 D Add
			□ Add□ Remove

. Įf amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) .
_	
(The effect	e date, if other than the date of filing:
Dated	01-23-2015
	7////60
	Signature of a member or authorized representative of a member
	ANGELICA N. SANDOVAL
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF SPATE