## L14 000157774

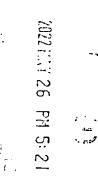
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





800387930168

05,/25,/22--01008--001 ++25.00



C/ 8/3/2022

## **COVER LETTER**

**Division of Corporations** AMERIGLASS LLC SUBJECT: \_\_\_\_ 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: JOSE CARO Name of Person AMERIGLASS LLC Firm/Company 9804 SW 124TH TERRACE Address MIAMI, FL 33176 City/State and Zip Code SALES@AMERIGLASS.ORG E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 305 2995215 JOSE CARO Name of Person Enclosed is a check for the following amount: X \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed). (additional copy is enclosed).

**Mailing Address:** 

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AMERIGLASS LLC		2	102211111 26 PH 5: 21
(Name of the Lin	ited Liability Company as it t (A Florida Limited Liability (	now appears on our record Company)	<u>(s.)</u>
The Articles of Organization for this Limited Florida document number 1.14000187774		led on 12/09/2014	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability cor	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp	oany," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and/or agent and/or the new registered office addr		on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:	Jose Caro		
New Registered Office Address:	9804 SW 124th Terrace		
	<del></del>	Enter Florida street addres	8
	Miami	, Fle	orida <u>33</u> 176
	Cin	<del>_</del>	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Thereby 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
AMBR	HENRY CARO	1800 SW 1ST AVE	
			□Add
		MIAMI, FL 33129	Remove
			□Change
<del></del>			
		<u></u>	□Remove
			□Change
			□Add
			□Remove
			□Change
			⊡Add
			⊡Remove
			□Change
			□Add
			□Remove
			□Change
			\ \ \ \ \ \
			□Remove
			□Change

		<del></del>
		<del></del>
		<del></del>
<del></del>		
-		<del></del>
		<del></del>
e: If the date inserted in th	the date of filing:	ant to 605.020 of be listed a
ord specifies a delayed effi filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	day after the
MAY 5	2022	
ed		
	$A/A-V_{\alpha}$	
<del></del>	Signature of a member or authorized representative of a member	

EDIT D. COSTAG