

(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:

Office Use Only



900306302649

12/07/17--01017--026 **25.00

FILED

1011 DEC -7 PR 2: 04

SECRETARY OF STATE
SECRETARY OF STATE

K SALY DEC - 8 2017

COVER LETTER

SUBJECT:	AC. (JA) Name of Limi	SS & MOTALS LLC ted Liability Company	 .
Division of Corporations UBJECT: AC. CLASS & M&TALS UC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Iterase return all correspondence concerning this matter to the following: ALBERTO (ANOVA JE Name of Person AC. CLASS & NASTALS UC Firm/Company 5720 W 25CT Address HIALBAH, FL 33016 City/State and Zip Code ALBERTO ACGLASS & GMAIL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALBERTO (ANOVA JE Name of Person Area Code Daytime Telephone Number			
Please return all correspondent	ondence concerning this matter	to the following:	
	A		<u>-</u>
	AC. GLASI		
	5720	O W 25CT Address	
	HIALGA	H FL 33016 City/State and Zip Code	
	ALBERTO ACGLAS E-mail address: (1	S & GMAIL. COM to be used for future annual report noti	fication)
For further information	concerning this matter, please co	off:	
ALBRETO CANO	OVA JR- of Person	at (786) 955 - Area Code Daytim	5346 te Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Regis Divisi P.O. I	JNG ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 33	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F	TLED
rail DEC	~7 **
TALLAHAS	, PM 2: 04 RY OF STATE SEE, FLORIDA
1	E. FLORIDA

AC. GLASS	& MOTAL	S LC TALLAHASSEE. FLOW Liability Company)	?: 04
(Name of the Limite	d Liability Compa A Florida Limited I	any as it now appears on our records.) Liability Company)	VIDA
The Articles of Organization for this Limited Lia Florida document number <u>115000379</u>	ability Company		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	pility company here:	
NA			_
The new name must be distinguishable and contain the wo	ords "Limited Liabi	ility Company," the designation "L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	ible:	455 W 23rd STREET	
(Principal office address MUST BE A STREE)	<u>r ADDRESS)</u>	HIALDAH, FI 33010	
Enter new mailing address, if applicable:		NA	—
(Mailing address MAY BE A POST OFFICE BOX)			—
B. If amending the registered agent and/oregistered agent and/or the new registered of		office address on our records, enter the name of th	e new
registered agent and/or the new registered or	ite addiess her	<u></u> .	
Name of New Registered Agent:	NA		
New Registered Office Address:		Enter Florida street address	 -
		Florida	

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 amendin	ig Authorized Person(s) authorized to nd from our records:	nanage, enter the title, name, and address of ea	ach person being added
MGR = ` . AMBR = .	Manager Authorized Member	2017 OFC -7 PR 2: 04	
<u>Title</u>	<u>Name</u>	Address SECRETARY OF STATE FLORIDA	Type of Action
	NA	TAMASSEE. FLORIDA	D Add
			Remove
			☐ Change
			Add
			Remove
			☐ Change
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			Remove
			Change
			□ Remove
			□ Change
			D Add
			Remove
			Change
			☐ Remove
			Character (

	2011 DEC-7 SECRE LARY OF	PA 2 F STA FLOR
	SECRE LARY OF	FR STA FLOR
		FLOR
ffective 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 or more than 90 days after late: If the date inserted in this block does not ment the applicable statutory filing requirements, this ocument's effective date on the Department of State's records.	Tiling.) Pursuant to 605.	.0207 (3 ed als th
e record specifies a delayed effective date, but not an effective time, at 12:01 a The 90th day after the record is filed.	a.m. on the earlie	er of:
ated NOVEMBER 28 COLT		
Signature of a member or authorized representative of a member		
ALBERTO CANOVA JR		

Page 3 of 3

Filing Fee: \$25.00