## 115000039050

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
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FEB 18 2019 I ALBRITTON

## **COVER LETTER**

	Registration So Division of Cor					
SUBJEC	Amelia Spe	eighty Contractors & Amelia C	Blass, LLC			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company					
The encto	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	um all correspo	ondence concerning this matter	to the following:			
		Matthew Thomas				
			Name of Person			
		Island Glass & Mirror   f	techandi na			
		<del>-, - ,</del>	Firm/Company			
		1743A South 8th St				
			Address			
		Fernandina Beach, FL 32034				
- m		matthew@thomasgroupfl.com	City/State and Zip Code	<del></del>		
		E-mail address: (	to be used for future annual report noti	fication)		
For furthe	r information c	oncerning this matter, please ex	ull:			
Matthew	Thomas		at ()			
	Name c	il Person	Area Code Daytim	e Telephone Number		
Enclosed	is a check for t	he following amount:				
□ <b>\$</b> 25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)  Already Gent?	☐ \$60,00 Fiting Fee. Certificate of Status & Certified Copy tadditional 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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301



January 18, 2019

MATTHEW THOMAS 1743A SOUTH 8TH ST FERNANDINA BEACH, FL 32034

SUBJECT: AMELIA SPECIALTY CONTRACTORS & AMELIA GLASS LLC

Ref. Number: L15000039050

We have received your document for AMELIA SPECIALTY CONTRACTORS & AMELIA GLASS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is L17000250553 - ISLAND GLASS & MIRROR LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

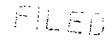
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 219A00001501

31:11:1/ 11:18

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Amelia Specialty Contractors & Amelia Glass, LLC

2019 FEB 14 PM 4: 07

	(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)
Τþ	e Articles of Organization for this Limited Liability Company were filed on and assigned and assigned
F 1k	orida document numberL15000039050
Γij	is amendment is submitted to amend the following:
X.	If amending name, enter the new name of the limited liability company here:
	Island Glass + Mirror Fernandina, LLC
'nk	new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Cop	ter new principal offices address, if applicable:
- 1	incipal office address MUST BE A STREET ADDRESS)
η	er new mailing address, if applicable:
- !	piling address MAY BE A POST OFFICE BOX)
	mang address may be a 7037 OFFICE BOX)
;.	If amending the registered agent and/or registered office address on our records, enter the name of the new
	istered agent and/or the new registered office address here:
-1	
	Name of New Registered Agent:
	Name of New Registered Agent:  New Registered Office Address:
	New Registered Office Address:  Enter Florida street address  Florida
	New Registered Office Address:
ch	New Registered Office Address:  Enter Florida street address  Florida

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:

AMBR =	маладег Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			□ Remove
			Change
			□ Add
			Remove
			Change
		-	□ Remove
			Change
<u> </u>			D Add
			☐ Remove
			Change
<del> </del>			Add
			□ Remove
			Change

If ar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
(If an e Note	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: see 90th day after the record is filed.
Date	d
	Moth
	Signature of a member or authorized representative of a member
	Matthew Thomas
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00