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SECRETARY OF STATE

UNIT B & SAIR

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:	NONA GLASS	SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	_		
Please return all correspo	ndence concerning this matter	to the following:		
	FRANCISCO CASTRO			
		Name of Person		
	NONA GLASS SERVIC	ES LLC		
		Firm/Company		
	304 PALMETTO STREE	Г, UNIT #104,		
		Address		
	ORLANDO, FL 32824		20 TA:	
		City/State and Zip Code	15 P. S.	
	LAKENONA.GLASS@GN		CRETA	- Contraction of the Contraction
	E-mail address: (	to be used for future annual report notif	fication)	r
For further information c	oncerning this matter, please ca	all:	THE TO	C
MARIA D. SLYMAN/A	CCOUNTANT	407 593-2983 at ()	ETATE LORII	_
Name o	f Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for the	ne following 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 Statu Certified Copy (additional copy is enclo	
Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURI Registration Section Division of Corporn Clifton Building 2661 Executive Ce	on Pations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NONA GLASS SERVICES LLC					
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L15000092600	were filed on MAY 27, 2015 and assigned				
This amendment is submitted to amend the following:					
a. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	304 PALMETTO STREET, UNIT 104,				
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32824				
Enter new mailing address, if applicable:	304 PALMETTO STREET, UNIT 1940				
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32824				
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	re:				
Name of New Registered Agent:	<b>→ _0</b>				
New Registered Office Address:	Enter Florida street address				

## 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 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>	Address	Type of Action
AMBR	MARIA F. CASTRO BARRONES	14151 Sanctuary Cove Ln 36-204	Add
		Orlando, FL 32832	☐ Remove
			Change
AMBR	ABRAHAM R. CASTRO BARRO	14151 Sanctuary Cove Ln 36-204	Add
		Orlando, FL 322832	□ Remove
			Change
			Add
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	Signature of a m	ember or auth	horized represe	entative of a me	ember		<del></del>	
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