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## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

**)**:

## World of Glass of Central Florida II, LLC BJECT: Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: Mohamad Elkhaldi Name of Person World of Glass of Central Florida II, LLC Firm/Company 7825 Ellis Rd., Suite C Address West Melbourne/FL 32904 City/State and Zip Code melkhaldi@aol.com E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: ohamad Elkhaldi 806-5323 Daytime Telephone Number Name of Person closed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, 3 \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

World of Glass of Central Florida II, LLC				
( <u>Name of the Limited Liability (</u> A Florida Li	Company as it now app mited Liability Company	ears on our records.)		
ne Articles of Organization for this Limited Liability Comorida document number	ity Company were filed on6/24/2015		and assigned	
nis amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited	d liability company	here:		
e new name must be distinguishable and contain the words "Limited	Liability Company," th	e designation "LLC" or	the abbreviation "L.L.C	77 99
nter new principal offices address, if applicable:			. 201	
Principal office address MUST BE A STREET ADDRES	SS)		- : · · ·	· <u>-</u>
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nter new mailing address, if applicable:				<del>\\</del>
lailing address MAY BE A POST OFFICE BOX)		<del> </del>		
If amending the registered agent and/or registered of tent and/or the new registered office address here:  Name of New Registered Agent:	mice address on out	records, <u>enter the</u>	maine of the new f	<u>egister</u>
New Registered Office Address:	Enter F	lorida street address		<del></del>
		, Floric	ia.	
-	City	, Fiork	Zip Code	
ew Registered Agent's Signature, if changing Registered A	gent:			
nereby accept the appointment as registered agent and covisions of all statutes relative to the proper and comecept the obligations of my position as registered agenting filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance it as provided for in	of my duties, and I n Chapter 605, F.S	am familiar with a C. Or, if this docum	and
ī	f Changing Registered	Agent, Signature of Ne	ew Registered Agent	_

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	<u>Address</u>	<u>I ype of Action</u>
MBR	Mohamad Elkhaldi	2815 Dairy Rd.	□Add
		Melbourne, FL 32904	□ Remove
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. If amending any other informat	ion, enter enauge(s) ne	Tet (Mach Booms)	was insected, if necessary	,,,	
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Effective date, if other than the	date of filing:		(optional)		
(If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be priced does not meet the appl	or to date of filing or mo icable statutory filing	re than 90 days after filing.	.) Pursuant to 605.03	207 (3)(b) I as the
he record specifies a delayed effective ord is filed.	date, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b) Th	ne 90th day after t	he
September 23	2020				
	produce of a member or aut	horized representative of	of a member		
Mohamad Elkhaldi					

Filing Fee: \$25.00

Typed or printed name of signee