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(HE	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor			
ena ne	Jet Glass L			
SUBJE	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Tory Cavazos		
		<u> </u>	Name of Person	
			Firm/Company	
		1708 Loxahatchee Dr. apt	С	
		WPB FL 33409	Address	***************************************
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furth	her information c	oncerning this matter, please co	all:	
Roger P	eterson Jr.		561 225-0299 at ()	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclose	d is a check for th	he 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 Status & Certified Copy (additional 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jet Glass LLC			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	y were filed on <u>03/28/2016</u>	and ass	signed
lorida document number L16000062025			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited lia	bility company here:		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the ab	breviation "L.	.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		#	S!/.l
		SEP	250
		28	133
nter new mailing address, if applicable:			- (1-1 7/8:
<u> </u>		<u></u>	
Mailing address MAY BE A POST OFFICE BOX)		2	2
		<u> </u>	·
. If amending the registered agent and/or registered ogistered agent and/or the new registered office address he		the name	of the
Name of New Registered Agent:			
New Registered Office Address:	C . 17 . 1 11		
	Enter Florida street address		
***************************************	Florida		
	City	Zin Code	

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 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
MGK, AR, AMBR	Tory Cavazos	4680 Big Ben Lane Lake Worth FL 33463	Add
1. (a) _ 1/21 _ 1/1			U Add
			Remove
		- 	Change
MGR	Roger Peterson Jr		
			Add
			□ Remove
			Add
			Remove
		 	☐ Change
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			Remove
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			Change

		
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	04/01/2018	
ective date, if other than the offective date is listed, the date must	late of filing:	(optional)
e: If the date inserted in this blo	ck does not meet the applicable statutory filing	
ument's effective date on the De	partment of State's records.	
record specifies a delayed	effective date, but not an effective	time at 12:01 a.m. on the earlier
he 90th day after the reco		time, at 12.01 a.m. on the earner
ed September 26	. 2018	
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	ignature of a member or authorized representative	e of a member
•	rightate of a member of admorazed representative	e of a member

Page 3 of 3

Filing Fee: \$25.00