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COVER LETTER

Division of Co					
U.S. META	AL AND GLASS, LLC				
	Name of Lim	ited Liability Company	, yak furrish dirak		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MATIAS MANSOLINO				
		Name of Person	 		
U.S. METAL AND GLASS, LLC					
		Firm/Company	-		
	2145 PIERCE # 310				
		Address		क्	SE
	HOLLYWOOD, FL 3302	0		VON	LAEJ.
		City/State and Zip Code		<u>-</u>	1887 1887
	MATIASMANSOLINO@0 E-mail address: (GMAIL.COM to be used for future annual report notif	ication)	24	
For further information of	concerning this matter, please c	·	,	44:44 HA 41 AON	TONIO.
MATIAS MANSOLING		954 549-5067 at ()			· • • • • • • • • • • • • • • • • • • •
Name o	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	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 Sta Certified Copy (additional copy is en	itus &	

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

U.S. METAL AND GLASS, LLC					
(Name of the Limite	d Lizbility Compan A Florida Limited Li	ny as it now appears on our r iability Company)	ecords.)		
The Articles of Organization for this Limited Lia	ability Company v	were filed on MAY 25, 20	016	_ and assigr	ned
Florida document number L16000102667	*				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabil	lity company here:			
N/A					
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the designation	"LLC" or the abbrev	viation "L.L.C	2."
Enter new principal offices address, if applicable:		2145 PIERCE STREET,	APT. 310		
(Principal office address MUST BE A STREET	T ADDRESS)	HOLLYWOOD, FL 330	20		
				o z	
			•	VO	五五十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2145 PIERCE STREET,	APT. 310	<u>=</u>	25.54 17.55 18.54
		HOLLYWOOD, FL 330	20	PH	<u></u>
				Ŧ.	101 415
				5	12,5
B. If amending the registered agent and/o	•		cords, <u>enter the</u>	name of	the nev
registered agent and/or the new registered off	ice address here	•			
Name of New Registered Agent:	MATIAS MAN	SOLINO			
New Registered Office Address:	2145 PIERCE S	TREET, APT. 310			
	· · · · · · · · · · · · · · · · · · ·	Enter Florida street o	address		
	HOLLYWOOD		_, Florida <u>33020</u>		
		City		Zip 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>	<u>Address</u>	Type of Action
MGR	ABEL VERA	11110 SW 1296TH STREET	🗖 Aḍd
		MIAMI, FL 33157	■ Remove
		 	Change
MGR	MARTHA DEL VALLE DIAZ	2145 PIERCE STREET, APT. 310	■ Add
		HOLLYWOOD, FL 33020	□ Remove
			□ Change
			
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			Chamge SET OF
			Add: CRAFE
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	NOVEMBER 8, 2016	
ctive date, if other than the effective date is listed, the date mus	date of filing: NOVEMBER 8, 2016 (option to be specific and cannot be prior to date of filing or more than 90 days after	onal) r filing.) Pursuant to 605.020
If the date inserted in this bl	ock does not meet the applicable statutory filing requirements, this	s date will not be listed a
ament's effective date on the D	epartment of State's records.	
	d afficient data than been afficient time at 12.01	
ecord specifies a delayed ne 90th day after the rec	d effective date, but not an effective time, at 12:01 a ord is filed.	s.m. on the earner (
·		
NOVEMBER 8	2016	
	(4)	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00