L16000 128788

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

Office Use Only



900331969669

07/19/19--01024--014 **80.00



JUL 2 6 2019 CAL

COVER LETTER

subject: <u>Cumber la</u>	Name of Limit	ce Washing ed Liability Company	L.L.C	
The enclosed Articles of Amendm	ent and fee(s) are subm	nitted for filing.		
Please return all correspondence c	oncerning this matter to	o the following:		
	Rich	Name of Person	berland	
	Cumb	Firm/Company	Sure Wash	ing LLC
	85067 Sai	nt John ct Address		
	Yulee,	FL 37.097 City/State and Zip Code		
	E-mail address: (10	erland 3 @ gmo	report notification)	
For further information concerning	g this matter, please cal	11:		
Perchard Cumberlas Name of Person	nJ	at (<u>GoU</u>) Area Code	566 - 6546 Daytime Telephor	ne Number
Enclosed is a check for the follow	ing amount:			<i>t</i>
	0.00 Filing Fee & ertificate of Status	☐ \$55.00 Filing Fee & Certified Copy fadditional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

Cumberland Glass	LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)		-	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L16000124744</u>	ere filed on $3/7/2019$	and	assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
Cumberland Glass LLC.		 		
The new name must be distinguishable and contain the words "Limited Liability		obreviation	"L.L.C	
Enter new principal offices address, if applicable:	Same/No change			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same/No Change			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the nam	<u>ie of</u>	the neg
Name of New Registered Agent:			=	1 1
New Registered Office Address:	Enter Florida street address		<u>0</u> _	
	Estier Florida Street address		괊	:
	, Florida	The Con-	<u>r ></u>	
New Registered Agent's Signature, if changing Registered Agent:	City	ZΨ CO	변기 1.8	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe				

If Changing Registered Agent, Signature of New Registered Agent

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 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
			Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
		·· <u></u>	Change
			Add
			Remove
			Change
			Add
			Remove
			Change

Note	effective 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 o e 90th day after the record is filed.
Date	d July 16th 7019.

Page 3 of 3

Filing Fee: \$25.00