## L17000130692

(Re	equestor's Name)	
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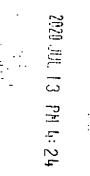
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## • COVER LETTER

	tion Section of Corporations		
	STERPIECE GLASS AND MIRRO	OR LLC	
SUBJECT:	Name of 1	Limited Liability Company	
	cles of Amendment and fee(s) are someoneepondence concerning this mat		
	INOEL QUIROS		
	·	Name of Person	
	MASTERPIECE GLAS	SS AND MIRROR LLC	
		Firm/Company	<del>-</del>
	4322 23RD AVE SW		
		Address	<del></del>
	NAPLES/FLORIDA/3-	<b>4</b> 116	
	MASTERPGM18@GM.	City/State and Zip Code	
	<del></del>	ss: (to be used for future annual report noti	fication)
For further inform	nation concerning this matter, pleas	se call:	
INOEL QUIROS		239 302-9263	
	Name of Person		e Telephone Number
Enclosed is a che	ck for the following amount:		
<b>≡</b> \$25.00 Filing	g Fee S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MASTERPIECE GLASS AND MIRROR LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{06/15/2017}{1}$ Florida document number  $\frac{L17000130692}{}$ 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 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.

Cav

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	ALAN BEREA	131 E. 56TH ST	□ Add
		HIALEAH, FL 33013	
			□Remove
			Change
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Affective date, if other than the fan effective date is listed, the date mu	e date of filing: ist be specific and cannot l	be prior to date of filin	g or more than 90 days :	<b>ptional)</b> fter tiling.) Pursuant to 6	505.0207 (3
Note: If the date inserted in this be document's effective date on the E	fock does not meet the	applicable statutory	tiling requirements,	this date will not be I	isted as th
record specifies a delayed effection of the filed.	ve date, but not an effe	ctive time, at 12:01	a.m. on the earlier of	: (b) The 90th day at	fter the
JULY 9TH	2020				
	2020				