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Division of Corporations Fax Number : (850)617-6363

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one omail address please. annual report mailings. Enter only one omail address please. **

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COVER LETTER

TO:	Registration Sec Division of Corp				
CUDICA		BAY GLASS, LLC			
SUBJEC	ul:	Name of Limi	ted Liability Company		
		Amendment and fee(s) are sub-			
Please re	tum all correspoi	ndence concerning this matter	to the following:		
		Cheyenne Moseley			
			Nume of Person		
		Legalzoom.com, Inc.			
			Firm/Company		
		101 N Brand Blvd 11th Fl			
			Address		
		Glendale, CA 91203			
			City/State and Zip Code		
		alan@bottombayglass.com			
		E-mail address: (t	o be used for future annual re	port notification)	
For furth	er information co	oncerning this matter, please ca	dl:		
Cheyen	ne Moseley		800 773- at ()	-0888	
	Name of	Person	Area Code	Daytime Telephone Number	
Enclosed	d is a check for th	e following amount:			
□ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclo	Certificat sud) Certified	e of Status &

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, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOTTOM BAY GLASS, LLC		PH
(Name of the Limited Liabitity Compa (A Florida Limited I	ny as it now appears on our rect	Men 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
The Articles of Organization for this Limited Liability Company Florida document number £17000135910	were filed on 06/22/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Linbil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	410 Live Pine Circle	
(Principal office address MUST BE A STREET ADDRESS)	Apopka, FL 32703	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	410 Live Pinc Circle Apopka, Ft. 32703	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Mice address on our reco e:	rds, enter the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street add	iress .
		Florida
	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

To: 18506176383

MGR = Manager

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

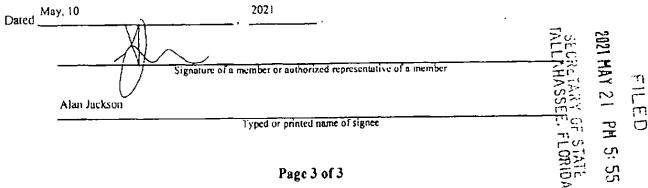
AMBR = A	authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Remove
			C Change
			□ Remove
			Cl Change
			D Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			D Add
		☐ Remove	
			☐ Change
			□ Add
			Remove
			☐ Change

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ctive date, if other than the date of filing:	(optional)

E. E 07 (3)(Ъ) (If is the <u>N</u>

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.



Filing Fee: \$25.00