

L17000212718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

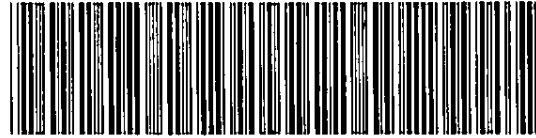
(Business Entity Name)

(Document Number)

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17 DEC 29 AM 7:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BLUMI GLASS LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORDI TRULLA

\_\_\_\_\_  
Name of Person

BLUMI GLASS LLC

\_\_\_\_\_  
Firm/Company

9441 EVERGREEN PLACE APT 403

\_\_\_\_\_  
Address

DAVIE/FLORIDA/33324

\_\_\_\_\_  
City/State and Zip Code

office@blumiglass.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

jordi trulla

954

2009875

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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**

BLUMI GLASS 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 October 8, 2017 and assigned  
Florida document number L17000212718.

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)**

2598 E. Sunrise Blvd

Suite 210A

Ft. Lauderdale, FL 33304

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2598 E. Sunrise Blvd

Suite 210A

Ft. Lauderdale, FL 33304

**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

City, Florida

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>	<u>Type of Action</u>
AMBR	JORDI TRULLA	9441 EVERGREEN PLACE	<input type="checkbox"/> Add
		APT 403 DAVIE FL 33324	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALEXANDER VALLADARES	9441 EVERGREEN PLACE	<input type="checkbox"/> Add
		APT 403 DAVIE FL 33324	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEJANDRO BONET	350 NE 24TH ST SUITE 108	<input type="checkbox"/> Add
		MIAMI FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jt & Jt Solutions LLC	9441 EVERGREEN PLACE APT 4	<input checked="" type="checkbox"/> Add
		APT 403 DAVIE FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AVR INVESTMENTS LLC	2598 E. Sunrise, Blvd Suite 210A	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, FL 33304	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LINCAIRE DESIGNS LLC	1040 BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		UNIT 1102 MIAMI FL 33132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 DEC 29 AM 7:36  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
WASHINGTON, D.C. 20535

17 DEC 29 AM 7:36  
DEPT. OF STATE  
WASHINGTON, D.C.  
1111 MASS. ST. BOSTON  
MASS. 02118

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated \_\_\_\_\_, \_\_\_\_\_

Jordi Fowler  
Typed or printed name of signee