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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Downa 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:						
Donna Glass Name of Person						
Donna Gloss LLC Firm/Company						
107 SW 56th Ter.						
Cape Coral FL 33914 City/State/and Zip Code Idonna aloss a amail com E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future Annual report notification) For further information concerning this matter, please call:						
DONNO 61055 at 239, 370-1338 Name of Person Area Code Daytine Telephone Number	_					
Enclosed is a check for the following amount:						
□ \$25.00 Filing Fee \$\sum \text{S30.00 Filing Fee & } \text{Certificate of Status}\$ Certificate of Status	Status & y					

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

2000 Class 110

(Name of the Limited Liability Come	Namy of it now appears on our records
(A Florida Limited (A Florida Limited)	onny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>LIFOO 2300</u>	' I / ' ' '
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ibility company here:
The new name must be distinguishable and contain the words "Limited Lia	
Enter new principal offices address, if applicable:	2020 DE
(Principal office address MUST BE A STREET ADDRESS)	DEC 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH IS I STAN
	e address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	270 - 7 A
	, Florida

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>	Address	Type of Action
			(I) Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
		 	□Change
			□Add
			□Remove
			Change
		 	□Remove
			☐ Change
			□AJd
		<u> </u>	□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) 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. 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. Dated December 16. 2000) Signature of a member or authorized representative of a member

Filing Fee: \$25.00