

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

Office Use Only



800307533158

01/12/18--01011--006 **25.00

DIVISION OF CORPORATION

18 JAN 12 PM 2: 13

K. SALY JAN 12 2018

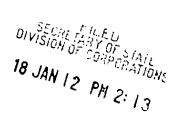
COVER LETTER

TO: Registration Se Division of Cor			
	S HOWERS MIRRORS LIME	TED LIABILITY COMPANY	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JAVIER BARBOSA		
		Name of Person	
	JBR GLASS HOWERS M	IRRORS LIMITED LIABILITY COMPANY	
		Firm/Company	
	10500 NW 29 AVENUE		
	· · · · · · · · · · · · · · · · · · ·	Address	
	MIAMI, FL 33147		
		City/State and Zip Code	
	JAVIERBARBOSA221@G	MAHCOM to be used for future annual report notification)	
For further information c	oncerning this matter, please co		
JAVIER BARBOSA		954 347-2552	
Name o	f Person	at () Area Code Daytime Telephone Number	_
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	f Status & - py
	ING ADDRESS:	STREET/COURIER ADDRESS: Registration Section	
	on of Corporations ox 6327	Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JBR GLASS HOWERS MIRRORS LIMITED LIABILITY COMPANY

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	12/5/2017 @ 8:00AM	and assigned
Florida document number L170000249068		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	here:	
JBR GLASS SHOWERS MIRRORS, LLC		
The new name must be distinguishable and contain the words "Limited Liability Company." th	e designation "LLC" or the abb	reviation "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 registered agent and/or the new registered office address here: Name of New Registered Agent:	on our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered office address here: Name of New Registered Agent:	on our records, <u>enter t</u>	he name of the new
Name of New Registered Agent: New Registered Office Address:	on our records, <u>enter t</u>	he name of the new
Name of New Registered Agent: New Registered Office Address: Enter I	Florida street address	
Name of New Registered Agent: New Registered Office Address: Enter I		
Name of New Registered Agent: New Registered Office Address: Enter I	Florida street address	

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: $D_{IV} \stackrel{S \notin U \notin V}{S | D V} \stackrel{F}{S V} \stackrel{G}{S V}$ MGR = Manager

Manager

MGR = Manager AMBR = Authorized Member		18 JAN 12 PH 2: 13		
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			DbA 🗆	
			□ Remove	
			□ Change	
			□ Remove	
			□ Change	
			Change	
			Remove	
			Change	
			Remove	
			Change	
			□ Remove	
			[] Change	

	•				DIVISION	ALLU
					18 JAN .	CORPORATIONS
	·····				UHH 12	ry.) ILED RYOL CORPORATIONS PM 2: 13
					··	
	-	· · - · · ·				
						·
			···			
			- .			
						
_						
		_ 				
Effectiv	e date, if other than the	date of filing:			(optional)
<u>Note:</u> 16	e date, if other than the tive date is listed, the date mu the date inserted in this b at's effective date on the D	lock does not meet ti	ne applicable stat	f filing or more than autory filing requir	90 days after filin ements, this dat	g.) Pursuant to 605.0207 (e will not be listed as t
	rd specifies a delaye Oth day after the rec		but not an ef	ffective time, a	it 12:01 a.m	on the earlier of:
Dated _	JANUARY 9	\· 🔀	18			
		C. Wald				
		- 1/	er or authorized rep			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00