L17000253484

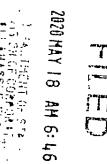
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TO:	Registration Section
	Division of Cornorations

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M and P gla	ass IIc		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Pedro Palacios Dumois		
	,	Name of Person	
	Pedro Palacios Dumois		
		Firm/Company	
	4298 nw South tamiami ca	anal dr apt 15	
		Address	
	Miami fl 33126		
		City/State and Zip Code	
	dumois01@gmail.com		
	E-mail address: (to be used for future annual report	notification)
For further information co	oncerning this matter, please ea	all:	
Pedro Palacios		305 7485298	3
Name of	Person	at () Area Code Da	ytime Telephone Number
Enclosed 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 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



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LES OF AMENDMENT TO ES OF ORGANIZATION OF	TOZOHAY 18 AM
ability Company as it now appears on our records.) orida Limited Liability Company)	1 to
y Company were filed on 12/11/2017	and assigned

M and P Glass Llc (Name of the Limited Lia (A Flo The Articles of Organization for this Limited Liability Florida document number L17000253484 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Global Glass Llc The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4298 nw south tamiami canal dr apt 15 Miami fl 33126 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 4298 nw south tamiami canal dr apt 15 Miami fl 33126 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address __. 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added smoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	Pedro Palacios I	Dumois								

Filing Fee: \$25.00