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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| ГО: | Registration Section Division of Corporations |
|--------|-------------------------------------------------------------------------------------------|
| SUBJ | ECT: Sterling green glass LL L Name of Limited Liability Company |
| The er | nclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please | e return all correspondence concerning this matter to the following: |
| | Joseph Green Name of Person |
| | Sterling green glass LLC |
| | #597 may tawn Rd |
| | Otteen fl 32764 City/State and Zip Code |
| | Stevlinggreenglassand. Com E-mail address to be used for four annual report notification) |
| For fu | urther information concerning this matter, please call: |
| | Sosoh Green at (407) 793 - 9567 Area Code Daytime Telephone Number |
| Enclo | osed is a check for the following amount: |
| □ S: | 25.00 Filing Fee |

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

| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | iny as it now appears on our records.) Liability Company) | | |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------|-----------------|
| The Articles of Organization for this Limited Liability Company were filed on | | and assigned | |
| Florida document number | | | |
| 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 Liabil | lity Company," the designation "LLC" or the ab | obreviation "L.10 | ···· |
| Enter new principal offices address, if applicable: | | _ | -2 |
| (Principal office address MUST BE A STREET ADDRESS) | | | <u> </u> |
| | | <u></u> | <u> </u> |
| | | <u>-</u> | 州 (7) |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | <u> </u> |
| | | 29 | <u> </u> |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | the name of | the ne |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida street address | | |
| | | | |
| · · · · · · · · · · · · · · · · · · · | 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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|---------------------|----------------|
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| ctive date, if othe | r than the date of | filing: | | (opt | ional) er filing.) Pursuant to 605. |
| effective date is listed. •: If the date insert | , the date must be specit ed in this block does | ic and cannot be prior not meet the applic | r to date of filing or cable statutory fil | more than 90 days after ing requirements, th | er filing.) Pursuant to 605. is date will not be liste |
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Filing Fee: \$25.00