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## **COVER LETTER**

TO:	Registration So Division of Cor			
CUDI		ass An & Gifts, LLC - NAME	CHANGE	
SUBJ	LCI:	Name of Lin	nited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		Pierre Langlois		
			Name of Person	
		<del></del>	Firm/Company	
		2060 Aberdeen Lane, #10	2	
			Address	
		Naples, FL 34109		
			City/State and Zip Code	
		langlois@comcast.net	to be used for future annual report notal	ication)
For fu	urther information o	oncerning this matter, please c		(Sometime)
Pierro	: Langlois		at (239 ) 64/-	4364
	Name o	f Person		: Telephone Number
Enclos	sed is a check for the	ne following amount:		
<b>≅</b> \$2	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

Murano Glass Art & Gifts, LLC		
(Name of the Limited (A	Liability Company as it now appear on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on January 8, 2018	and assigned
Florida document number L18000007255	<del></del>	्रंड
This amendment is submitted to amend the follow	ving:	(-1 1-3 1-3
A. If amending name, enter the new name of t	he limited liability company here:	73
Glass Art Design Center, LLC		73
	•	
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	'ADDRESS)	
	<del>-</del>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	OX)	
D 16		i. e.i.
b. It amending the registered agent and/or the new registered offi	r registered office address on our records, <u>ent</u> ce address bere:	ter the name of the
egistered agent and/or the new registered on	ec address nere.	
Name of New Registered Agent:		
New Registered Office Address:		
<del></del>	Enter Florida street address	
	. Florida	
	City	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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Signature of a member or authorized representative of a member				·		
Signature of a member or authorized representative of a member	Dated					
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