# L14000 132567

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
<b>,</b>	,	
	+./C+-+-/7:-/Db	- 40
(CI	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bt	siness Entity Nar	me)
(Dx	ocument Number)	<u> </u>
`	,	
Cartified Canina	Cortificator	n of Chatue
Certified Copies	_ Centificates	s or Status
Special Instructions to	Filing Officer:	
:		
-		

Office Use Only



300314510543

08/15/18--01029--002 \*\*38.00

18 JUN 15 PM 1: %

15 PM 1: 119

N COOPER JUN 1 8 2018

### **COVER LETTER**

Division of Corporations
SUBJECT: Jauren 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:
MARIZA ANDRADE Name of Person
Taureson Glass LLC Firm/Company
295 AUCF Address
Chulusta fr 32766 City/State and Zip Code
Marig121@ CMail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARIZA ANDRADE at (407) 485-0515 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status S55.00 Filing Fee Scriffied Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is

#### MAILING ADDRESS:

Registration Section

TO:

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**

Jaurey Or Glassili (Name of the Limited Liabili (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L 18000 132 56</u>	ompany were filed on <u>MAY 29, 2018</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ted liability company here:
The new name must be distinguishable and contain the words "Lim	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<b></b>
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable:	70 CCR908
(Mailing address MAY BE A POST OFFICE BOX)	**************************************
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	ered office address on our records, enter the name of the ness here:
Name of New Registered Agent:	
New Registered Office Address:	
<del></del>	Enter Florida street address
	City Zip Code

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>	Name	Address	Type of Action
MGZ	OSCAR Jaurcoui	295 Auc F	🗆 Add
		Chuluuta F2 32760	Remove
			Change
AMBR	MARIZA ANDRADE	295 Auc F	Add
		Chuluota fz 32766	□ Remove
			□ Change
			□ Remove
			🗆 Change
			□ Add
			_□ Remove
		<del>-</del>	Change
			□ Add
			□ Remove
			Change
	<del> </del>		🗖 Add
			_□ Remove
			_□ Change

		<u> </u>
	≅.	SIAId
	U <b>X</b>	350
		_ 주 - 유유
	 <u></u> 9	_ <u>^^</u> 2
	-	
<del></del>		
ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more the oter. If the date inserted in this block does not meet the applicable statutory filing recocument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time The 90th day after the record is filed.	e, at 12:01 a.m. on the ea	rlier c
ated <u>JUNC 12 . 2018</u> .		

Page 3 of 3

Filing Fee: \$25.00