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

TO: Registration S Division of Co			
Greek Glas	sses LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kade Robertson		
		Name of Person	
	Kade Robertson LLC		26.9 JUL 28
		Firm/Company	
	140 Beach Street Suite 31	10	ි ල
		Address	 ယ
	Daytona Beach, FL 32114		
		City/State and Zip Code	717
	KadeRobertson15@gmail.		
	E-mail address:	to be used for future annual report no	ification)
For further information of	concerning this matter, please c	all:	
Kade Robertson		386 2146182	
Name (of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
S. \$25.00 Filing Fee	☐ \$30.00 Fiting 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 Addre		<u>Street Address:</u> Registration So	etion
Registration Section Division of Corporations		Division of Co	
P.O. Box 632	27	The Centre of	Fallahassee
Tallahassee.	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kade Robertson LLC		
(<u>Name of the Limited Liability</u> (A Florida)	Company as it now appears on our records.) Limited Liability Company)	
he Articles of Organization for this Limited Liability Co	ompany were filed on 05/31/2018	and assigned
lorida document numberL18000135401	_•	
his amendment is submitted to amend the following:		٠
If amending name, enter the new name of the limit	ed liability company here:	فترا
Greek Glasses LLC		2579, 1411-
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
inter new principal offices address, if applicable:	ed Liability Company," the designation "LLC" of the designation "LLC" o	
Principal office address MUST BE A STREET ADDRI	ESS)	ب ب
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		

3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter the	e name of the new regis
Name of New Registered Agent:	<u>.</u>	**
New Registered Office Address:		
	Enter Florida street address	
	. Flori	da
*	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
			□Add
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ffactiv	e date, if other than the date of filing:	(ontional)
an effec <u>fote:</u> Ti	tive date is listed, the date must be specific and cannot be prior to date of fifthe date inserted in this block does not meet the applicable statut it's effective date on the Department of State's records.	(optional) iling or more than 90 days after filing. Pursuant to 605.0205 ory filing requirements, this date will not be listed as
record d is file	specifies a delayed effective date, but not an effective time, at 12: d.	01 a.m. on the earlier of: (b) The 90th day after the
ated	Jul 23, 2020	
	Kan Parte	
	R30-2-2-300 (30t 23, 2020 12-15 ED3)	sentative of a member

Typed or printed name of signce