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(((H19000102822 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DALIA ACCOUNTING SERVICE

Account Number : I20040000149

Phone : (561)478-1777
Fax Number : (561)478-0567

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Еда⊥⊥	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NUEBO MUNDO GLASS LLC

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S. PRATHER

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(H19000102822 3)

ARTICLES OF AMENDMENT. TO ARTICLES OF ORGANIZATION

ARTICLES OF ORC	GANIZATION	2019 MAR 28
NUEBO MUNDO GLASS LLC		2
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company wer	e filed on	and Risigned
Florida document number [1,18000152171]		2
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
NUEVO MUNDO GLASS LLC	<u>_</u>	
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the	e abbreviation "L,L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
- 1		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, ent	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City, Florida	Zin Cade

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

(H190001028223)
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				
Title	Name	Address	Type of Action	
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D. If amer	iding any other in	(H190	0001028	322 3)				
27, 11 1111/01	iding any other in	no mation, enter	cnangc(s) nere:	(Attach additional s	heets, if necessary	v)		
				 				
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(If an effect <u>Note:</u> If	ive date is listed, the d: the date inserted in t	inis block does not n	cannot be prior to discentification	ate of filing or more than statutory filing requir	(optional) 90 days after filing.) (cments, this date w	Pursuant to	505.0207 listed as	(3)(b) the
document	t's effective date on	the Department of S	tato's records.	, - ,			•	
If the recor (b) The 90	d specifies a de Oth day after the	layed effective d e record is filed.	ate, but not a	n effectiv e time, a	t 12:01 a.m. o	n the ea	rller of	:
Dated M	ARCH 27		2019				~`	
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