

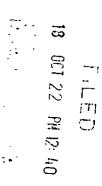
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O SIMMONS OCT 3 _ 2018

COVER LETTER

	GLASS PL	ANET LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	_	
	-	GINA ROCHA	-	
		AB ALL SERVICES INC	Name of Person	
		1100 WEST 29TH STREE	Firm/Company T . STE C	
		HIALEAII, FL 33012	Address	
		AB1100@YAHOO.COM	City/State and Zip Code	
		E-mail address; ()	to be used for future annual report notif	ication)
For further in	formation co	oncerning this matter, please co	all:	
GINA ROCI	IA		305 882-1238	
•	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	iling 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 tadditional 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

GLASS PLANET LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our reco mited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com	ipany were filed on 10/01/2018	and assigned
Florida document number L18000231998		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	1 Liability Company," the designation "L	LC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRES	<u> </u>	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
		2 M
		PH 12:
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		» ō
-		
B. If amending the registered agent and/or register		rds, enter the name of the ne
registered agent and/or the new registered office addres	s here:	
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street add	ress
		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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	POLLYANNA C MONTENEGRO SERRANO	RUA SARGENTO ASTROLABIO #207	
		EDF MANSAO TOC APT 102	
		BRAZIL , AL	■ Remove
			Change
AMBR MORADA INVESTY COMPANY	MORADA INVESTMENT COMPANY	8600 NW 30TH TERRACE STE 204	_ ■ Add
		DORAL : FLORIDA 33122	
			Remove
			☐ Change
			ن ن <u>آت</u> Add
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Effective date, if other than the	10/17/2018 date of filing:	(optional)
If an effective date is listed, the date mus	t be specific and cannot be prior to date of filing ock does not meet the applicable statutory	or more than 90 days after filing.) Pursuant to 605.0207 filing requirements, this date will not be listed as
ne record specifies a delayed The 90th day after the reco		ve time, at 12:01 a.m. on the earlier of
OCTOBER 3	2018	
21	Signature of a member or authorized represent	

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Typed or printed name of signee

Filing Fee: \$25.00