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(Cit	ty/State/Zip/Phon	e #)
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(Do	ocument Number	)
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## **COVER LETTER**

OUTD OF	Gulf Coast, LLC			
3000	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Nicander Hildebrand			
		Name of Person	<del></del>	
	Mr. Glass Gulf Coast, LLC	~ •		
		Firm/Company		
	3135 La Costa Circle, Unit # 101			
		Address	<del></del>	
	Naples, FL 34105			
	sales@mrglassgulfcoast.co	City/State and Zip Code		
	E-mail address: (	to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all:		
Nicander Hildebrand		239 450-2613		
Name (	of Person	at () Area Code Daytime	: Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	S30.00 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	
MAII	INC ADDRESS.	STDEET/COUDII	ED ADDDECC.	

MAILING ADDRESS:

TO:

**Registration Section Division of Corporations** 

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

## AMENDED AND RESTATED ARTICLES OF ORGANIZATION OF

. .

Mr. Glass Gulf Coast, LLC

2315 C 17 24 7.H 8: 05

(Name of the Limite	ed Liability Compa (A Florida Limited I	i <mark>ny as it now appears on o</mark> Liability Company)	ur records.)
The Articles of Organization for this Limited Li Florida document number L18000256567	ability Company	were filed on 11/01/20	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designat	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	3135 La Costa Circle	
(Principal office address MUST BE A STREET ADDRESS)		Unit # 101	
		Naples, FL 34105	
Enter new mailing address, if applicable:		3135 La Costa Circle	
(Mailing address MAY BE A POST OFFICE BOX)		Unit # 101	
		Naples, FL 34105	
B. If amending the registered agent and/registered agent and/or the new registered of  Name of New Registered Agent:  New Registered Office Address:	Nicander Hilde 3135 La Costa	ebrand  Circle, Unit # 101  Enter Florida str	eet address
	Naples		, Florida 34105
		City	Zin 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, <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
AMBR Stei	Steiner, Philip D	2781 Cecil Road	_□ Add
		Naples, FI. 34114	
		B1341 F1	■ Remove
			Change
AMBR	Hildebrand, Nicander T	3135 La Costa Circle	_ □ Add
		Unit # 101	
			Remove
		Naples, FL 34105	■ Change
			□ Remove
			□ Change
			☐ Remove
			□ Change
			☐ Remove
			Change
			Add
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			Change

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Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated <sub>-</sub>	1-2-
	Signature of a member or authorized representative of a member
	Nicander Hildebrand

Page 3 of 3

Filing Fee: \$25.00