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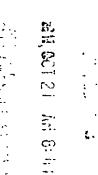
(R	equestor's Name)	•
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates of	Status
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TO:

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SUBJE	CT:	Name of Lin	ited Liability Company	2. 2
The end	closed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please	return all corres	spondence concerning this matter	to the following:	
		JO	ORGE L RODRIGUEZ	·
		-	Name of Person	
		RODRIGUEZ &	EALARCON DOCTOR GLASS.	LLC:
			Firm/Company	
		:	3731 SW 44TH AVE	
Address				
			WEST PARK, FL 33023	
		-	City/State and Zip Code	
			jmagicglass@gmail.com to be used for future annual report not	i Cantian V
For fur	ther information	n concerning this matter, please c		incation)
	JORGE L RO	DRIGUEZ	786 516-	- 1447
-	Nam	e of Person		ne Telephone Number
Enclose	ed is a check fo	r the following amount:		
□ \$2 <u>:</u>	5.00 Filing 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 (additional copy is enclosed)
	Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3.	on orations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RODRIGUEZ & ALARCON DOCTORS GLASS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 01/17/2019 The Articles of Organization for this Limited Liability Company were filed on ___ and assigned Florida document number L19000019329 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
MGR	JORGE L RODRIGUEZ	3731 SW 44TH AVE	= Add
		WEST PARK : FL 33023	B Add
			Remove
			Change
MGR	ALEJANDRO ALARCON	10820 SW 52ND DR	□ Add
		MIAMI, FLORIDA 33165	
			■ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			□ Change
			Remove
			Change
			
			□ Remove
			☐ Change

	
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E. Effective da	10/17/2019 te, if other than the date of filing: (optional)
Note: If the o	10/17/2019 te, if other than the date of filing:
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00