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(Re	equestor's Name)	
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COVER LETTER

SUBJECT:	RODRIGUEZ & ALA	RCON DOCTOR GLAS	S; LLC ·	
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	JO	RGE L RODRIGUEZ		
		Name of Person		
	RODRIGUEZ &	ALARCON DOCTOR	GLASS, LLC	
		Firm/Company		
	;	5731 SW 44TH AVE		
		Address		
	W	EST PARK, FL 33023		
		City/State and Zip Code		
	AJMAGIC	GLASS@GMAIL.COM		
	E-mail address: (t	o be used for future annual	report notification)
For further information e	oncerning this matter, please ca	ill:		
JORGE 1	RODRIGUEZ	786 at ()	516-1447	
Name of	î Person	Area Code	Daytime Telepl	none Number
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee of Certified Copy (additional copy is enc		\$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street A</u> Registr	ddress:	
Division of C			n of Comorati	ons

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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) 1/17/2019 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number ____ L-19000019329 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 "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A (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 City

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 addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALEJANDRO ALARCON	3731 SW 44TH AVE	■Add
		WEST PARK , FL 33023	□Remove
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ffective date, if other than to an effective date is listed, the date of inserted in this ocument's effective date on the	must be specific and can block does not meet	t the applicable st			
record specifies a delayed effective filed.	tive date, but not an	effective time, at	12:01 a.m. on the	earlier of: (b) The	90th day after the
ated FEB 25		2020			
	da				
	Signature of a men	uber or authorized r	epresentative of a mo	ember	