

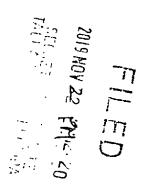
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COVER LETTER

Division of Co.	rporations		
CHOTEAT.	SEA OF GLASS	LLC	
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		TERRY C. NOELL	
		Name of Person	- · · · · · · · · · · · · · · · · · · ·
		A SEA OF GLASS LLC	
	Firm/Company		
		14030 ATLANTIC BLVD UNIT 32	210
		Address	
	JA	CKSONVILLE, FLORIDA 32225	
	AS	City/State and Zip Code SEAOFGLASS33@GMAIL.COM	
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
TERR	Y C. NOELL	904 524-2493 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 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)
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MAILING ADDRESS:

TO:

Registration Section

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

	SEA OF GLASS LLC	
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on JANUARY 28, 2019	and assigned
Florida document number L19000029264	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
A SEA OF GLAS	SS LLC	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR)ECC)	
Principal office dualess MOST BE A STREET ADDR	<u> </u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		7
B. If amending the registered agent and/or regist	tered office address on our records, enter	the name of the r
registered agent and/or the new registered office addr		
		¥ 11
Name of New Registered Agent:		22
Name of New Registered Agent.		20 177
New Registered Office Address:		-
	Enter Florida street address $- arphi_{i,j}^{\omega}$) 20
	, 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>	Name	Address	Type of Action
			Add
			□ Remove
			☐ Change
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			Remove
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D. It amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)

Page 3 of 3

Filing Fee: \$25.00