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(Requ	uestor's Name)	
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(City/:	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Amend Name

AFR 0 9 TOTA I ALBRITTON

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	Twilight Gla	ss & Mirrow LLC		
		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspon	dence concerning this matter (to the following:	
		Daniel T Fisher		
			Name of Person	
		Twilight Glass & Mirror L	LC	
Firm/Company				
		5046 Dewey Avenue		
			Address	
		Sebring, FL 33875		
			City/State and Zip Code	
		Twilightglassmirrorllc@gm		
		E-mail address: (1	to be used for future annual report notif	ication)
For further in	nformation co	ncerning this matter, please ca	ail:	
Wanda L N	eale, Account		863 381-8456 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is	a check for the	following amount:		
■ \$ 25.00 F	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)

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

2019 PH 4:42

Twilight Glass & Mirrow LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

•	· · · · · · · · · · · · · · · · · · ·	15.
The Articles of Organization for this Limited Liability Co	ompany were filed on March 05, 2019	and assigned
Florida document number L19000063083	<u>-</u> :	_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Twilight Glass & Mirror LLC		
The new name must be distinguishable and contain the words "Limite	ted Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_	
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our records, en	ter the name of the
The new registered office addition	ess ner e.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature if changing Degistered	•	гір Coae

'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
MGR	Daniel T Fisher	5046 Dewey Avenue Sebring, Fl 33875	
			□ Remove
			Change
			Remove
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ffective date, if other the	n the date of filir	ng:		(optional)	D
an effective date is listed, the colorer. If the date inserted in ocument's effective date or	this block does not	meet the applicab			
e record specifies a de The 90th day after th			an effective tim	ne, at 12:01 a.m. o	on the earlier
March 18		2019			
0 - 1			- -		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00