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☐ PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

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## **COVER LETTER**

Division of Co			
SUBJECT:	Glass Gua	ited Eiability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Gregor	y N. Dearg, Jr	
	Gla	Firm/Company	
	7	OG NE 23-d Address	Ave
		City/State and Zip Code  bopd@ 5 ma. 1. co.  to be used for future annual report noti	,FL
			fication)
For further information	concerning this matter, please ca	all:	
Name	of Person	at (407) 948 L Area Code Daytim	4260 e Telephone Number
Enclosed is a check for	M		
☑ \$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)
Mailing Addra Registration		<u>Street Address:</u> Registration Se	ction
Division of	Corporations	Division of Cor	porations
P.O. Box 63	27	The Centre of T	fallahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, Fl. 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(2/ass (	Suru LLC.	
( <u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on	e 12.2019 and assigned
Florida document number <u>L 1 9000 155260</u>		<b>,</b>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	on 😕
Glass Genie, LLC The new name must be distinguishable and contain the words "L.	Glass Geni	e lle = E =
The new name must be distinguishable and contain the words "L	imited Liability Company." the design	ution "LLC" or the star platio L.C." 1
Enter new principal offices address, if applicable:		<b>辛克</b> 1
(Principal office address MUST BE A STREET ADI	ORESS)	
	<u>-</u>	開意き
	<del></del>	7: 30 FAT FL
Enter new mailing address, if applicable:		' H O
(Mailing address MAY BE A POST OFFICE BOX)		
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		<del></del> -
B. If amending the registered agent and/or register	red office address on our recor	ds, 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 s	treet address
		, Florida
	Ciţy	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, <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>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
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Filing Fee: \$25.00