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COVER LETTER

Div	ision of Corp	perations		
SUBJECT:	MIAMI'S G	LASS MARKET LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		FALSTREAU, JOSHUA		
			Name of Person	
			Firm/Company	
		9360 SW 38 ST		
			Address	·•
		Miami Fl 33165		
		accounting.express@hotma	City/State and Zip Code il.com	
		E-mail address: (to be used for future annual report notif	ication)
For further in	nformation co	ncerning this matter, please ca	ail:	
FALSTREA	.U, JOSHUA		305 4432528	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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

2813 01 1 - 7 FM 12: 28

MIAMI'S GLASS MARKET LLC

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

The Articles of Organization for this Limited Liability Florida document number L19000170147	ty Company were filed on	5/28/2019	_ and assigned
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company he	ere:	
The new name must be distinguishable and contain the words	"Limited Liability Compan; " the d	lesignation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A	DDRESS)		
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	0	n our records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
_	C:-	Florida	2: 6 1
	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
MGR	NICK M MARTIN	9360 SW 38 ST MIAMI FL 33165	
			
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Fffect	10/04/2019 ive date, if other than the date of filing:(optional)
(If an ef Note:	rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	
	Joshva Falstvav

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00