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# **COVER LETTER**

TO:

Registration Section
Division of Corporations

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SUBJECT:	Name of Lim		
Please return all correspondence concerning this matter to the following:    JOSE S RODRIGUEZ ESCOBEDO   Name of Person			
Please return all correspo	ondence concerning this matter	to the following:	
	JOSE'S RODRIGUEZ ES	COBEDO	
		Name of Person	
INDOVATION GLASS, LLC   Name of Limited Liability Company			
		Firm/Company	<del></del> -
	756 CHAMBERS ST E		
		Address	
Name of Person  INNOVATION GLASS, LLC  Firm/Company  756 CHAMBERS ST E  Address  LEHIGH ACRES, FLORIDA 33974  City/State and Zip Code innovationglasslle2019@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  JOSE S RODRIGUEZ ESCOBEDO  Name of Person  Area Code  Daytime Telephone Number			
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
JOSE S RODRIGUEZ E	SCOBEDO		
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
Registration :	Section	Registration Se	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INNOVATION GLASS, LLC		. <u></u>
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 08/02/2019	and assigned
lorida document number [L19000197211		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lis	ability company here:	
he new name must be distinguishable and contain the words "Limited Lic	ability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		<u></u>
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address here:	e address on our records, <u>enter th</u>	ne name of the new register
Name of New Registered Agent:		
Trains of their regularies rigen.		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
	121	id.
		ida

### 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 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
AMBR	VELMA RODRIGUEZ	756 CHAMBERS ST. E LEHIGH ACRES, FL 33974	_ <b>≣</b> Add
			_ □Remove
			_ 🗆 Change
		-	_ 🗆 Add
			_ □Remove
			_ Change
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		ASSEE, LORIO	Shange S
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fective date, if other than th	e date of filing: 10/01/2021	(optional)	
		filing or more than 90 days after filing.) Pursuan story filing requirements, this date will not	
ocument's effective date on the I	Department of State's records.		
proped enocifies a delevery affecti	so date, but not an effective time, at 12	:01 a.m. on the earlier of: (b) The 90th da	ay after the
is filed.	e date, but hot all effective line, at 15	u.m. on the earner of. (o) The 70th ta	ay and me
. 10/01	2021		
ated	·		
	1//		

Typed or printed name of signee