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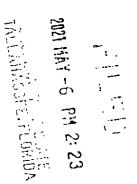
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(Document Number)
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COVER LETTER

Division of Cor	porations		
SUBJECT:	LIQUED GLASS	GUALO 22C	
 -	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ER	TC Voss Name of Person	
		Name of Person	
	LTan	Firm/Company	LLC
	<u>6127</u>	ALL 75 BLUD ON	AVORO
	ORLAND	FLORE OA 3: City/State and Zip Code	2833
	E-mail address: (1	Oliquid glass qui to be used for future annual report noting	ard. Com
For further information c	oncerning this matter, please ca	all:	
FRI.	f Person	at (<u>407</u>)	e 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)
34 35 4 11		C44	

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LIQUED GLASS GUARD, LLC

(<u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability Co	w appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	d on November 20 2619 and assigned
lorida document number <u>L/9000288539</u> .	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability com	pany here:
he new name must be distinguishable and contain the words "Limited Liability Compa	
Inter new principal offices address, if applicable:	2021
Principal office address MUST BE A STREET ADDRESS)	
	m — · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	22. · · · · · · · · · · · · · · · · · ·
	>
. If amending the registered agent and/or registered office address of gent and/or the new registered office address here:	on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
•	Enter Florida street address
	, Florida
City	Zip Code

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
MBR	JUNE VOSS	6127 DAMAS BLUD OLIANDO FL 32833	🔀 Add
			□Remove
			□Change
			□ Add
			□Remove
		<u></u>	Change
			Change
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Effective date, if other fan effective date is listed Note: If the date insert document's effective d	I, the date must be speci ted in this block does	fic and cannot be proposed in the meet the app	licable statutory				
1 10 11	ayed effective date, be	ut not an effectiv	e time, at 12:01	a.m. on the earlie	erof:(b) The	90th day att	er the
d is filed.	<u>~^</u>		<u> </u> .				
record specifies a delard is filed. Dated MAY 2'	4	202	•	tative of a member			