

L2C0000034C43

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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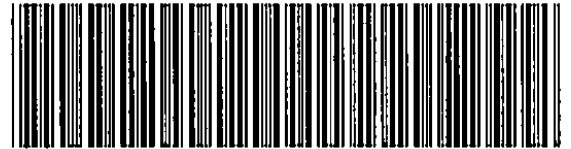
(Business Entity Name)

(Document Number)

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TALLAHASSEE FL

2023 NOV 12 AM 7:20

O SIMMONS

DEC 17 2020

**TO: Registration Section
Division of Corporations**

SUBJECT: American Gloss L.L.C

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Liomel Rodriguez Sanchez

Name of Person

American Gloss L.L.C

Firm/Company

4915 SW 138th Ave

Address

Miami, FL 33175

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liomel Rodriguez Sanchez

Name of Person

786

383-8343

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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 ORGANIZATION
OF**

FILED

American Gloss L.L.C.

2023 NOV 12 AM 7:20

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/28/2020 and assign

Florida document number L20000034043.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4915 SW 138th Ave

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33175

Enter new mailing address, if applicable:

4915 SW 138th Ave

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33175

B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

MGR = Manager
AMBR = Authorized Member

FILED

<u>Title</u>	<u>Name</u>	<u>Address</u>	2023 NOV 12 AM 7:20	<u>Type of</u>
AMBR	Liomel Rodriguez Sanchez	4915 SW 138th Ave TALLAHASSEE, FL	SECRETARY OF STATE	<input checked="" type="checkbox"/> Add
		Miami, FL 33175		<input type="checkbox"/> Remove
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1. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE
TALLAHASSEE, FL

Effective date, if other than the date of filing: 09/29/2020 (optional)
(If an effective 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 (3)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October, 06 2020


Signature of a member or authorized representative of a member

Antonio Santana

Typed or printed name of signee