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2021 AUG 23 PH 4: 04

SECRETARY OF STATE
TALLATIONS OF STATE

COVER LETTER

Division of Corpo	rations	·	
SUBJECT: Cold	ores Glass	ited Liability Company	<u>.</u>
		or Smorthly Company	
The enclosed Articles of An	nendment and fee(s) are subr	mitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	<u>D'ana</u>	Abred Name of Person	
	Direct	Abrou Name of Person Billing Person Firm/Company	nits
	_	112 ave	
	0	Addiess	
	- Miami	Fl 33157	
	1	City/State and Zip Code	
-	E-mail address: (to	Fl 33157 City/State and Zip Code 1901 @ 9mail. Cobb used for future annual report notificat	ion)
For further information conc			
Diana I	Abreu	at (786) 325 - Area Code Daytime Te	4407 lephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

2021 AUG 23 PH 4: 04 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 Company were filed on Florida document number 120000215251 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Glass & Mirrors The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Ma (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, 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 street address City

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>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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	n/u
(If an ef <u>Note:</u>	tive date, if other than the date of filing: S
f the reco ecord is f	rd 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 led.
Dated	- Dela Seins
	Signature of a member or authorized (ep) esentative of a member
	Robert Alejandro Sugrez Rodriguez Typed or printed name of signee

Filing Fee: \$25.00