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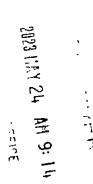
<u> </u>	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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(850) 524-5437 (850) 524-6243 Please use funds from this account: I20210000160 \$ 25.00 Authorization Signature: Jurktob Glass Capital LLC L20000365395 **Business Name** Doc. # **Certified Copy of Articles of Organization** Certificate of Status **NEW FILINGS AMENDMENTS** Profit Corp X Amendment Resignation of R.A. Not for Profit Officer/Director ___Limited Liability Change of Registered Agent Revocation of Dissolution Domestication _ __Merger Other CORP Conversion Amended and restated Articles LLLP **Statement of Authority OTHER FILINGS** REGISTERATION/QUALIFICATIONS Trademark __ Foreign filing Annual Report ____Limited Partnership Reinstatement Fictitious Name APOSTILLE Other Country

FL'ORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINIER'S INITIALS:

TALLAHASSEE, FL 32309

COVER LETTER

TO: Registration S Division of Co			
GLASS C	APITAL LLC		
	Name of Limite	ed Liability Company	
The enclosed Articles of	f Amendment and fee(s) are subm	itted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
	JONATHAN SMITH		
		Name of Person	
	GLASS CAPITAL LLC		
		Firm/Company	
	16783 SW 36th ST		
		Address	
	MIRAMAR FL 33027		
	·	City/State and Zip Code	
	GLASSCAPITALH@GMAII	L.COM be used for future annual report notif	European S
tan Gambania Gamania			canon)
or further information	concerning this matter, please call	i.	
IONATHAN SMITH		954 401-9559 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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 Tallahagesa El 20214

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLASS CAPITAL LLC		;
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	45Y 24 PM 2: 10
The Articles of Organization for this Limited Liability Florida document number L20000365395	Company were filed on 11/18/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
PRIVATE PROPERTIES ALLIANCE LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• • • • • • • • • • • • • • • • • • • •	DRUCCI	
(Principal office address MUST BE A STREET ADI	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	——————————————————————————————————————	e name of the new register
agent and/or the new registered office address here	•	
Name of New Registered Agent:		
New Registered Office Address:		
New Negistered Office Address.	Enter Florida street address	
	, Flori	da 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

er amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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fan effec <u>Note:</u> I	e date, if other than the date of filing:
d ic file	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
Dated _	5/23/2023
	Signature of a member or authorized representative of a member
	Typed or printed name of signoc