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T. MATTHEWS JAN 26 2022

COVER LETTER

	ion Section of Corporations		
LUXI	URY HOME AND GLASS SOLU	TIONS LLC	
SUBJECT:	Name of Lii	mited Liability Company	
The enclosed Articl	les of Amendment and fee(s) are su	ıbmitted for filing.	
Please return all cor	rrespondence concerning this matte	er to the following:	
	MICHAEL MOSHE-RO	ONAMO	
		Name of Person	
	LUXURY HOME AND	GLASS SOLUTIONS, LLC	
		Firm/Company	
	1511 NW 113TH WAY		
		Address	
	PEMBROKE PINES, FI	. 33026	
		City/State and Zip Code	
	JODI@ACCU-TAX.TAX		
	E-mail address:	: (to be used for future annual report notification)	
For further informa	ttion concerning this matter, please	call:	
JODI RONEN		954 449-9709	
,	Name of Person	at () Area Code Daytime Telephone Number	
Enclosed is a check	k for the following amount:		
■ \$25.00 Filing I	Fee S \$30 00 Filing Fee & Certificate of Status	☐ \$55 00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enc	tus &
<u>Mailing A</u> Registra	Address: ttion Section	Street Address: Registration Section	
Division	of Corporations	Division of Corporations	
P.O. Box	x 6327 sser - FL -32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 01 17 10 9:01

LUXURY HOME AND GLASS SOLUTIONS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our recordiability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company lorida document number $\frac{1.21000130250}{1.000130250}$.	were filed on 03/19/2021	and assigned
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent:	.s ·	
New Registered Office Address:		
	Enter Florida street addre	NER.
	,	Horida Zip Code
	City	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 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>	Name	Address	Type of Action
AMBR	Michael L McDonald	7860 NW 193 Ter	<u> </u>
		Miami, FL 33015	□Remove
			□Change
			□Remove
			□Change
		□Add	
			⊡Remove
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an el <u>ote:</u>	tive date, if other than the date of filing:
reco Lis 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 fled.
	01/11/2022
ated	
ated	
Dated	
)ated	Signature of a member or authorized representative of a member