LZ1000220927

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



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| | stration Sec sion of Corp | | | |
|---------------------|------------------------------|---|---|---|
| | IRON GLAS | | | |
| SUBJECT: | | Name of Limi | ted Liability Company | |
| The enclosed | Articles of A | mendment and fee(s) are sub- | nitted for filing. | |
| Please return | all correspon | dence concerning this matter t | to the following: | |
| | | ENRIQUE CASTRO | | |
| | | | Name of Person | d day 6 day |
| | | IRON GLASS USA | | |
| | | | Firm/Company | |
| | | 11495 NW 79 LN | | |
| | | | Address | |
| | | MEDLEY, FL 33178 | | |
| | | **** | City/State and Zip Code | |
| | | INFO@IRONGLASSWEB. | | |
| | | | o be used for future annual report notifi | ication) |
| For further in | formation co | ncerning this matter, please ca | ıll: | |
| ENRIQUE M | IARTIN CA | STRO | 786 4884259 at () | |
| | Name of | Person | | Telephone Number |
| Enclosed is a | check for the | e following amount: | | |
| ≅ \$25,00 Fi | iling 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| IRON GLASS USA | | |
|---|---|-------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000220927}{L21000220927}$. | were filed on 05/12/2021 | and assigned |
| his amendment is submitted to amend the following: | | |
| a. 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 Liabil | lity Company," the designation "LLC" or the | e abbreviation "L.L.C." |
| inter new principal offices address, if applicable: | 10893 NW 17TH STREET, UNIT 117 | |
| Principal office address MUST BE A STREET ADDRESS) | SWEETWATER, FL 33172 | |
| Inter new mailing address, if applicable: | 10893 NW 17TH STREET, UNIT 11 | 17 |
| Mailing address MAY BE A POST OFFICE BOX) | SWEETWATER, FL 33172 | |
| 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent: | address on our records, <u>enter the n</u> | ame of the new regis |
| | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | |
| | 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> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------------|---------------------------------|--|
| MGR | ALBERTO OSCAR FONTELA | 11495 NW 79 LN, MEDLEY FL 33178 | ≣ Add |
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| | pecific and cannot be prior to date of filing loes not meet the applicable statutory | (optional) g or more than 90 days after filing.) Pursuant to 605.020 v filing requirements, this date will not be listed a |
| cument's effective date on the Depart | ment of State's records. | |
| ecord specifies a delayed effective date is filed. | e, but not an effective time, at 12:01 | a.m. on the earlier of: (b) The 90th day after the |
| ited JULY 29 | 2021 | |
| | Sh. | |
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| Signa | ature of a member or authorized represen | stative of a member |