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COVER LETTER

ΤΌ:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

ML	AMI CUSTON GLASS LLC		
SUBJECT:	Name of Lin	mited Liability Company	
The enclosed Art	icles of Amendment and fee(s) are su	bmitted for filing.	
Please return all o	correspondence concerning this matte	r to the following:	
	JUVENAL J VILCHEZ I	PARRA	
		Name of Person	
	MIAMI CUSTON GLAS	S LLC	
		Firm/Company	
	11555 SW 122ND PL		
		Address	
	MIAMI, FL 33186		
		City/State and Zip Code	
	E-mail address:	(to be used for future annual report n	otification)
For further inform	nation concerning this matter, please of	call:	
JUVENAL J VII	LCHEZ PARRA	786 651-7285	
	Name of Person	Area Code Dayt	ime Telephone Number
Enclosed is a che	ck for the following amount:		
□ \$25.00 Filing	g Fee S30.00 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)
Registr	Address: ration Section on of Corporations	Street Address: Registration S Division of C	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	<u>ipany as it now appear</u>	s on our records AR 14 AH 8: 57
(A Florida Limit	ed Liability Company)	SECRETARY OF STATE
The Articles of Organization for this Limited Liability Compa	ny were filed on $\frac{08}{}$	SECRETARY OF STATE 27/2021 TALL AHASSEEd Resigned
Florida document number 1.21000385649		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company ho	<u>re</u> :
MIAMI CUSTOM GLASS LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter 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)		
B. If amending the registered agent and/or registered offic	e address on our r	ecords, enter the name of the new registo
agent and/or the new registered office address here:		
N		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
	Enter Flor	ida street address
		Florida
New Registered Office Address:	City	
	City	Florida

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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Effective date, if other than the difference of the factive date is listed, the date must be	ate of filing:	er to day of diling a man than	(optional)	. 405 0307
N' - A	k does not meet the appli	cable statutory filing requ	irements, this date will not be	fisted as 1
Note: If the date inserted in this bloc	artment of State's records	8.		
Note: If the date inserted in this bloc document's effective date on the Dep.				
Note: If the date inserted in this bloc document's effective date on the Dep e record specifies a delayed effective of	date, but not an effective (time, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
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document's effective date on the Dep e record specifies a delayed effective or rd is filed.	· 2022			after the
document's effective date on the Deperer record specifies a delayed effective or dis filed. Dated February 17	· 2022	time, at 12:01 a.m. on the		after the