6/13/22, 6:46 AM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000204620 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| i 1       | Address:  |  |  |      |
|-----------|-----------|--|--|------|
| C IDG 1 1 | AUGITESS: |  |  | <br> |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNITED STATES CORPORATION AGENTS, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 07      |
| Estimated Charge      | \$55.00 |

Electronic Filing Menu Corporate Filing Menu

\* Page; 3 of 6

## **COVER LETTER**

| TO: Registration of Division of  | on Section<br>f Corporations                              |   |   |  |  |
|--|---|---|---|--|--|
| UNIT   | ED STATES CORPORATION AG                                  | ents, inc.  |   |  |  |
| SUBJECT: Name of Limited Liability Company   |   |   |   |  |  |
| The enclosed Articl  | es of Amendment and fee(s) are sub                        | mitted for filing.  |   |  |  |
| Piezse return all cor  | respondence concerning this matter                        | to the following:   |   |  |  |
|  | Cheyenne Moseley  |   |   |  |  |
|  |   | Name of Porson  |   |  |  |
|  | Legalzoom.com, inc.                                       |   |   |  |  |
| Furn/Company   |   |   |   |  |  |
| 101 N Brand Bivd 11th Fi   |   |   |   |  |  |
| Address  |   |   |   |  |  |
| Glendale, CA 91203   |   |   |   |  |  |
|  |   | City/State and Zip Code.  |   |  |  |
|  | lamgenie@icloud.com                                       | to be used for future annual report not:  | FARRES .  |  |  |
| For further informs  | E-mail address: (<br>Zon concerning this matter, please c |   | noznony   |  |  |
| Cheyenne Moscley   | •   | 809 773-0888  |   |  |  |
| Name of Person   |   | Area Code Daytim  | t Telephona Number  |  |  |
| Enclosed is a check  | for the following amount:                                 |   |   |  |  |
| □ \$25.00 Piling F   | ee 330,00 Filing Fee & Certificate of Status              | S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | ☐ \$60.00 Fiting Pee,<br>Certificate of Statut &<br>Certified Copy<br>(additional copy is enclosed) |  |  |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 5327 Tallphassoc, FL 32314 |   | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle |   |  |  |
| ,  | RELIMINATION OF THE STATES                                | Tallahasece, FL 3230!   |   |  |  |

'Page 4 of 6

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limit  | tri Lability Campany as it now appears to<br>(A Florida Limited Liability Company)   | n our records.)  |
|---|--|--|
| The Articles of Organization for this Limited L<br>Florida document number L22000147530       | iability Company were filed on 03/25   | 72022 and assigned   |
| This amendment is submitted to amend the foll   | owing:   |  |
| A. If amending name, enter the new name o   | I the limited Hability company here  | <b>*</b> 5   |
| Astro Glass LLC   |  |  |
| The new name must be distinguishable and contain the v  | vords "Umited Liability Company," the dost   | gnation "LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applic  | able:  |  |
| Principal affice address MUST BE A STREE  | T ADDRESS)   |  |
| Malling address MAY BE A POST OFFICE  | <u> </u>   |  |
| egistered agent and/or the new registered o   | ffice address here:  |  |
| Name of New Registered Agent:   | ffice address here:  | ur records, enter the name of the ne   |
| registered agent and/or the new registered o  | ffice address here:  5575 S. Semoran Blvd., Suite 36   |  |
| Name of New Registered Agent:   | ffice address here:  5575 S. Semoran Blvd., Suite 36   | : sti act celebress  |
| Name of New Registered Agent:   | S575 S. Semoran Blvd., Suite 36  Enter Florida   |  |
| Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address: | 5575 S. Semoran Blvd., Suite 36  Enter Florido  Orlando  City  Registered Agent:   | : stract address   |
| registered agent and/or the new registered o  | S575 S. Semoran Blvd., Suite 36  Enter Florido  Orlando  City  Registered Agent:  ed agent and agree to act in this caper and complete performance of mistered agent as provided for in Chiragistered office address, I hereby | pacity. I further agree to comply with the pattern of the familiar with and appear to 55, F.S. Or, if this document is |

<-

Page: 5 of 6

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

LegalZoom.com, Inc.

| AMBR - Authorized Member |        |         |                |  |
|--------------------------|--------|---------|----------------|--|
| Title                    | Name . | Address | Type of Action |  |
|                          |        |         | □ Add          |  |
|                          |        |         | □ Remove       |  |
|                          |        |         | Change         |  |
|                          |        |         | Add            |  |
|                          |        |         | D Remove       |  |
|                          |        |         | □ Change       |  |
| <del></del>              |        |         | _□ Add         |  |
|                          |        |         | . □ Remove     |  |
|                          |        |         | Change         |  |
|                          |        |         | D Add          |  |
|                          |        |         | D Remove       |  |
|                          |        |         | D Change       |  |
|                          |        |         | □ Add          |  |
|                          |        |         | □ Remove       |  |
|                          |        |         | ☐ Change       |  |
|                          |        |         | □ Add          |  |
|                          |        |         | □ Remove       |  |
|                          |        |         | □ Change       |  |

<-

Ta:

Page 3 of 3

Typed or printed name of signor

Garrett Nicholas Ward