

L22 000 216471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

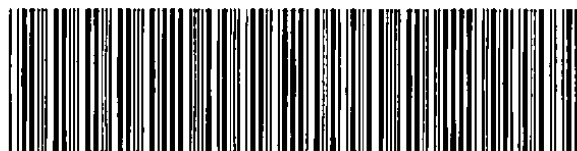
(Business Entity Name)

(Document Number)

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11/18/24--01030--013 \*\*25.00

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SECRETARY OF STATE  
TALLAHASSEE, FL

Registration Section  
Division of Corporations

VENICE BEACH GLASS LLC

ECT: \_\_\_\_\_  
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREW WOLFE

\_\_\_\_\_  
Name of Person

VENICE BEACH GLASS LLC

\_\_\_\_\_  
Firm/Company

474 CRANE ROAD

\_\_\_\_\_  
Address

VENICE, FL 34293

\_\_\_\_\_  
City/State and Zip Code

VENICEBEACHGLASS@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW WOLFE

941 445-0887

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

The enclosed is a check for 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  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
TALLAHASSEE, FL

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TO  
ARTICLES OF ORGANIZATION  
OF

VENICE BEACH GLASS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 05/09/2022 and assigned  
document number L22000216471.

Amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

For new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

For new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

Amending the registered agent and/or registered office address on our records, enter the name of the new registered  
agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

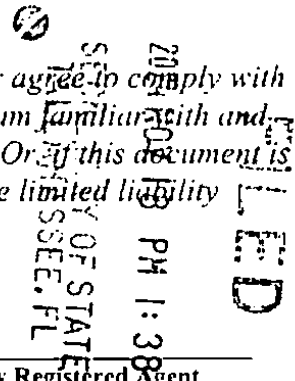
*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

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  
understand 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



**= Manager**  
**R = Authorized Member**

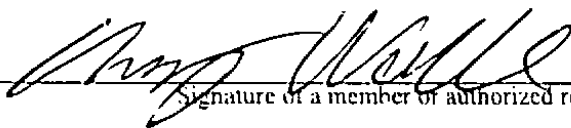
[illegible]

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

**Effective date, if other than the date of filing:** 11/05/2024 (optional)  
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

record 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 is filed.

dated NOVEMBER 5, 2024.



Signature of a member or authorized representative of a member

ANDREW WOLFE

Typed or printed name of signee

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SEC. OF STATE  
TALLAHASSEE, FL

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