14076046519



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Division	of	Corporations
Fax Numbe	ar.	: (850)617-6383

From:

in

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To:

Account Name	:	MEDEIROS SOUZA CORP
Account Number	:	I20190000068
Phone	:	(407)326-8484
Fax Number	:	(407)604-6519

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

Email Address: Contact@medeirossouza.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASG GLASS MANUFATURE LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$30.00

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COVER LETTER

TO: Registration Section Division of Corporations

ASG GLASS MANUFATURE LLC

SUBJECT:

Nume of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Rubern Souza

Name of Person

Medeiros Souza corp

Firm/Company

1711 Amazing Way, Ste 213

Address

Ococe, FL 34761

City/State and Zip Code

contact@medeirossouza.com

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

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MailingAddress: Registration Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314 <u>StreetAddress:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

To

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASG GLASS MANUFATURE LLC (<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabil	tit now appea ity Company F	rs on our records.)	
The Articles of Organization for this Limited Liability Company were Florida document number1.22000483958			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	com <u>pany h</u>	<u>ere</u> :	
ASG GLASS MANUFACTURER LLC			
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the c	lesignation "LLC" or th	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	. <u> </u>		
Enter new mailing address, if applicable:			
<u>(Mailing address MAY BE A POST OFFICE BOX)</u>			

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent:	Medeiros Souza Co	ırp		ΥΞ	
New Registered Office Address:	1711 Amazing Wa	y Ste 213		8	
		Enter Florida street address	\$,
	Ornee	. Flo	orida 34761		
	<u> </u>	City	Zip Cox	k ".	

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.

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🖸 Add
			□Change
			🗆 Add
		·····	DChange
			🗋 Adđ
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		<u></u>	🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the 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 record is filed

Dated Orlando	05/17/2023	
Signa	nure of a member or authorized representative of a member	
Rubern Souza		
	Typed or printed name of signce	

Filing Fee: \$25.00