## LZ3000094379

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15 July 62, 21 July

## **COVER LETTER**

TO:	Registration Se Division of Cor			
	HD SMAR	r GLASS USA, LLC		
SUBJE	ECT:			
		Name of Lim	sted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Mahdi Musleem		
			Name of Person	
		HD SMART GLASS USA	, LLC	
			Firm/Company	
		1707 Bridgewater Dr.		
			Address	<del></del>
		Lake Mary FL 32746		2027
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	<del></del>
		mahdi@musleem.com		20
		E-mail address: (	to be used for future annual report notifi-	cation)
For fur	ther information co	oncerning this matter, please ca	all:	(元) (元) (2)
Mahdi	Musleem		4()7 43()7779	€3
	Name o	f Person	at ()	Telephone Number
			. Hed code Phytine	receptione realities
Enclos	ed is a check for th	e following amount:		
<b>≡</b> \$25	5.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HD SMART GLASS USA, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on W and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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

## 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 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
MGR	Jad Hamadeh	335 S Biscayne Blvd	
<del></del>			
		Apartment 2905	
		A.C. (12 1 A. 22 A.)	Remove
		Miami Florida 33131	D.O.
MGR	Karim Zeidan	335 S Biscayne Blvd	□ Change
		Apartment 2905	<del></del>
		<del></del>	□ Remove
		Miami Florida 33131	
			Change
			~~
			Add
			Remove
			Change
			<u>5</u>
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<u> </u>	. 27.
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or magnetical statutory filing occument applicable statutory filing occument seffective date on the Department of State's records.	(optional) fore than 90 days after filing.) Pursuant to 605.020' g requirements, this date will not be listed as
e record specifies a delayed effective date, but not an effective t The 90th day after the record is filed.	ime, at 12:01 a.m. on the earlier o
ated Jone 2nd 2023	
Signature of a member or authorized representative	of a member
Mahdi Moslacon Typed or printed name of signee	

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Filing Fee: \$25.00