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COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of	n Section Corporations		
Glass R	tealty, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Christopher Glass		
		Name of Person	
	Glass Realty, LLC		
		Firm/Company	
	271 Caravelle Drive		
		Address	
	Jupiter, FL 33458		
		City/State and Zip Code	
	andy@glassrealtyflorida.co		202
For further information	n-mail address: (on concerning this matter, please c	to be used for future annual report notification)	3 APR
Christopher Glass		561 543-7291	RY O
Nar	ne of Person	at () Area Code Daytime Telephone	
Enclosed is a check f	or the following amount:		· -
■ \$25.00 Filing Fed	e S30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
<u>Mailing Add</u> Registration of Division of P.O. Box (on Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	a.

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Glass Realty, LLC		2023
<u></u>	ity Company as it now appears on our records.)	
(A Florid	a Limited Liability Company)	22
The Articles of Organization for this Limited Liability C	Company were filed on <u>3/15/2023</u>	ம் and assigned
Florida document number 1.23000133516		
This amendment is submitted to amend the following:		and assigned
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
maning duaress MAT BE ATOST OFFICE DOA		
		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	da
	City	Zip Code

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 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	SHEA GLASS	271 CARAVELLE DRIVE	
		JUPITER, FL 33458	
			□Change
			□Add
		 	□Remove
			
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			
			□Remove
			□Change

Effective date, if other than the date of filing: (aptional) (aptional) (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 More: (b) The date inserted in his block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. (c) 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 d is filed. (b) The 90th day after the distribution of a member of authorized representative of a member		
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