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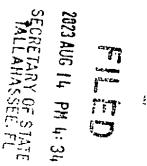
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COVER LETTER

TO: Registration Division of C		•	•		
	ASSWORKS LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles	of Amendment and fec(s) are sub	omitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
	Pedro G Frias				
		Name of Person		-	
	P&G Glassworks LLC				
		Firm/Company		-	
	P.O. Box 669002				
		Address		. SE	
	Miami FL 33166			23 AUG	7
	Pfrias14@gmail.com	City/State and Zip Code		2023 AUG IL PH L: 3L SECRETARY OF STATE TALLAHASSEE, FL	A CALLO
	E-mail address: (to be used for future annual rep	oort notification)	SEE SEE	
For further information	n concerning this matter, please c	all:		u 3 STAT E. FL	ACTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERS
Pedro G Frias		786 216-2	570	רון 🛨	
Name	e of Person	at () Area Code	Daytime Telephone Number		
Enclosed is a check for	r the following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	te of Status &	
	n Section Corporations	Division of	on Section of Corporations		
P.O. Box 6	327	The Centr	e of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P&G GLASSWORKS LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compar	ny were filed on <u>08/04/2023</u>	and assigned
Florida document number L23000367578		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		7 C 2 7 T
Enter new mailing address, if applicable:		TAR I
(Mailing address MAY BE A POST OFFICE BOX)		SSO P
SMARING WAR COS MAT DE AT OST OFFICE BOAT		mo F. O
		F2 3
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new registered
	•	•
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street addres	ss
		orida
	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>	<u>Address</u>	Type of Action
MGR	Jorge Gallardo Garrido	8870 Fountainbleau Blvd Apt. 402	∃ Add
		Miami FL 33172	□Remove
			Change
			🗖 Add
			□Remove
			Change
			SECRETAR Remain
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fective 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 me	(optional) ore than 90 days after filing.)	Pursuant to 6	605.0207
ote: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	g requirements, this date v	vill not be I	isted as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o	on the earlier of: (b) The	: 90th day a:	fter the
is filed.			
2022			
August, 7 2023			
ated			
Signature of a member or authorized representative			

Filing Fee: \$25.00