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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations			
Notary VR	LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The england Antiglas of	Amendment and fee(s) are sub-	mitted for filing		
Please return all correspo	ndence concerning this matter	to the following:		
	Kathy Heard LKn+	Therine)		
		Name of Person		
				707
		Firm/Company		2023 311
	170 Division Street			_
		Address	***************************************	
	Clermont, FL 34711			i
		City/State and Zip Code		•
	notary@signvirtual.com or			
	E-mail address: (to be used for future annual repo	rt notification)	
For further information c	oncerning this matter, please ca	all:		
Kathy Heard		813 494-54	28	
Name o	i Person	Area Code E	aytime Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclose	
Mailing Address Registration S		<u>Street Addro</u> Registratio		
Division of C		Division o	Corporations	
P.O. Box 632	7	The Centre	of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our records.) Jiability Company)	
were filed on 8/24/23	and assigned
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ity Company," the designation "LLC" or the	abbreviation BL.C.
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address on our records, <u>enter the na</u>	ume of the new registered
Enter Florida street address	
Florida	
City	Zip Code
ee to act in this capacity. I further of performance of my duties, and I are provided for in Chapter 605, F.S. Conductors, I hereby confirm that the	n familiar with and Or, if this document is
i i	lity company here: ity Company." the designation "LLC" or the designat

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:

Title	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□ Change
			□Add
			□ Remove
			□Change 20.5%
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effective date is listed, the date must b	be specific and cannot be prior to date of fili	ng or more than 90 days after filir	ng.) Pursuant to 605.
<u>te:</u> If the date inserted in this blocument's effective date on the Dep	ck does not meet the applicable statuto partment of State's records.	ry Illing requirements, this da	te will not be liste
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cord specifies a delayed effective (date, but not an effective time, at 12:0	l a.m. on the earlier of: (b)	The 90th day after
s filed.			
, September 6	2023		
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- / AND WAY	Signature of a member or authorized representation of a member of authorized representation of signature of a member of a memb	entative of a member	