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To:

Division of Corporations

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REFLEXES GLASS & MIRRORS LLC

Certificate of Status	0
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## **COVER LETTER**

	Registration Sec Division of Corp						
SUBJEC		GLASS & MIRRORS LLC					
SUBJEC	1:	Name of Lim	ited Liability Company				
The enclo	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please reti	urn all correspo	ndence concerning this matter	to the following:				
		LOVETTE DOBSON					
			Name of Person				
			Name of Person  Firm/Company  STE 220  Address  City/State and Zip Code  DM  (to be used for future annual report polification)  call:  at (	Firm/Company			
17350 STATE HWY 249 STE 220							
			Address	<u>.</u>			
	HOUSTON, TX 77064						
		EFILE1234@INCFILE.CO	•				
				ification)			
For furthe	r information co	oncerning this matter, please ca	all:				
LOVETT	E DOBSON		l 888-462-345	53			
	Name of	Person	Area Code Daytin	ne Telephone Number			
Enclosed:	is a check for th	e following amount:					
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy			
F D F	Mailing Address Registration S Division of Co P.O. Box 632 Fallahassee, F	ection orporations 7	Registration Se Division of Co The Centre of T	rporations Fallahassee De Street, Suite 810			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REFLEXES GLAS	S & MIRRORS LLC	
(Name of the Limited Liability Company (A Florida Limited Li	s as it now appears on our ability Company)	records.)
The Articles of Organization for this Limited Liability Company vi Florida document number 1.24000204959	vere filed on 05/01/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
LEWI'S GLASS & MIRRORS LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)		
Enter new mailing address, if applicable:		
	<del></del>	20
(Mailing address MAY BE A POST OFFICE BOX)		
		<del> </del>
B. If amending the registered agent and/or registered office ac	ldress on our records,	
agent and/or the new registered office address here:		
Name of New Registered Agent:		9: 22
New Registered Office Address:		
	Enter Florida street	address
		Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p		

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

Page: 4/5

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
AMBR	REFLEXES GLASS & MIRRORS INC	1852 WILEY ST	🗆 Add
		HOLLYWOOD, FL 33020	Remove
			Change
AMBR	Luis Alejandro Perez Gonzalez	1852 Wiley St	BAdd
		Hollywood, FL 33020	□Remove
		·	□Change
			□Add
			□Remove
			□Remove
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ective daté, if other that	n the date of fili	ing:	·		_(optional)	
n effective date is listed, the date in the date inserted in the cument's effective date on the date of the date o	his block does not	t meet the appli	cable statutory f	r more than 90 d iling requireme	ay's after filing.) Pur ints. this date will	suant to 605,020' not be listed as
cord specifies a delayed eff s filed.	fective date, but n	ot an effective t	ime, at 12:01 a.i	m. on the earlie	er of: (b) The 90	th day after the
ed January 13	·.	2025	· ·	·		

Filing Fee: \$25.00