## P16000 078 Q15

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only

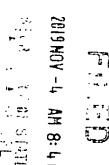


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## COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: H&L GLASSWORKS INC DOCUMENT NUMBER: P16000078915
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBENTO HERNANDER WBATO Name of Contact Person
HAL GLASSWORKS INC
Firm/ Company
8610 SW 20TH TERRALE Address
Address  MIAMI, FL 33155  City/ State and Zip Code
City/ State and Zip Code
roberth lobato Ognail. con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    LOBERTO HERNANDER   at ( 186) 3/2 4972     Name of Contact Person   Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S43.75 Filing Fee & Certificate of Status (Additional copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to Articles of Incorporation of

(Ivanie of Corporation	n as currently filed with the Flor	rida Dept, of State)		
P160000 789	15			
(Docume	ent Number of Corporation (if kno	wn)		
Pursuant to the provisions of section 607.1006, Florida atts Articles of Incorporation:	Statutes, this Florida Profit Corpo	oration adopts the following	amendme	nt(s) te
A. If amending name, enter the new name of the cor	poration:			
			The new	
name must be distinguishable and contain the word "Corp.," "inc.," or Co.," or the designation "Corp.,' word "chartered," "professional association," or the a	" Inc." or "Co". A professione	"incorporated" or the ah	breviation	
B. Enter new principal office address, if applicable:		<del> </del>		
(Principal office address <u>MUST BE A STREET ADDI</u>	RESS )	es e		
			10V	4
	<del></del>		<del></del>	1,3160
C. Enter new mailing address, if applicable:	<b>'</b> 1		to 12	1 g
(Mailing address <u>MAY BE A POST OFFICE BOX</u>			. 12	Ħ.
	<del></del>	:		
		·		
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		r the name of the		
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:		, Florida		
	(City)	(Zip C	ode)	
New Registered Agent's Signature, if changing Regis	stered Agent:			
I hereby accept the appointment as registered agent. 1		obligations of the position.		
	ture of New Registered Agent, if c	<del> </del>		

. . .

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u> John	<u>ı Doc</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change Add	_VP	OSWALDO JOSE PAYA ACEVEDO	1010500 73 AVE WIAMI FC 33144
Add		, , , , ,	<u> </u>
2) Change			
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	····		
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

<u>If amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)		
		<del>-</del>	
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*****			
	· , , , , p. — ,, _ ,		
f an amendment provides for an exch	ange, reclassification, or can	cellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	idment if not contained in th	e amendment itself:	
			<del></del>
<del></del>			·

The date of each amendment(s) addate this document was signed.	ption:, if other than
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.
	wed by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the omendment(s):
"The number of votes cast	r the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ado action was not required.	ed by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	ed by the incorporators without shareholder action and shareholder
Dated	0/17/19
(By a di selected	retor, president other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that tiduciary)
	ROBERTO HERNANDEZ LOBATO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)