

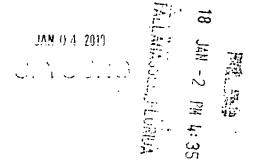
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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	RATION: GLOWING GLAS	SS & MIRROR NC.		
DOCUMENT NUM				
The enclosed Articles	of Amendment and fee are su	bmitted for tiling.		
Please return all corres	spondence concerning this ma	tter to the following:		
	ABILIO MARRERO AVILA	\		
	Name of Contact Person			
		Firm/ Company		
	1694 MAYPOP RD.	, -		
	WEST PALM BEACH, FL.	Address		
		City/ State and Zip Cod	ť	
abilie	ama10⁄∂)gmail.com			
·	•	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
YENIA LAZO		484	347 6833 (anytime)	
Name (of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depo	irtment of State:	
■ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation əf

GLOWING GLASS & MIRROR

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・ 十出中津中山・

· 自然的 學學店。

(Name of Corporation as currently filed with the Florida Dept. of State)

	F17000098823			
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation adopts the fo	llowing amendme	ent(s)
A. If amending name, enter the new n	ame of the corporation:			
N/A			The new	
name must be distinguishable and con "Corp," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional corporation name	the abbreviation	17
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
			<u> </u>	
			;; Z	
D. If amending the registered agent ar		ss in Florida, enter the name of the	-2	i de
new registered agent and/or the new registered office address:		4	į	(a)
Name of New Registered Agent	ABILIO MARRERO AVIL			2.
	1694 MAYPOP RD.			
	(Florida stree	et address)	<u>ာ်</u> မွ	
New Registered Office Address:	WEST PALM BEACH	. Florida ³³	3415	
in the megian real region constraints.		City)	(Zip Code)	
New Registered Agent's Signature, if a linearly accept the appointment as regis		ith and accept the obligations of the pos	ition.	
	Signature of New Re	giftered Agent, if changing		

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 Doe 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 D	ne	
X Remove	\underline{V}	Mike Jo	<u>ones</u>	
<u>X</u> Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	P		ABILIO MARRERO AVILA	1694 MAYPOP RD.
Add				WEST PALM BEACH, FL 33415
Remove				
2) Change	 .	_		
Add				
Remove				-
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
()				
6) Change				
Add				
Remove				

. <u>If amendu</u> (Attach <i>ada</i>	ng or adding additional Articles, enter change(s) here: litional sheets, if necessary). (Be specific)
MENDED	THE PRESIDENT'S NAME CHANGED FROM: ABILIO MARRERO TO ABILIO MARRERO AVILA
	
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provision	ndment provides for an exchange, reclassification, or cancellation of issued shares, as for implementing the amendment if not contained in the amendment itself:
N/A	ot applicable, indicate N/A)
 -	
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The date of each amendment(s) adoption:	other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
12/27/2017 Dated	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
ABILIO MARRERO AVILA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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