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(Reques	itor's Name)	
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(City/Sta	ate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
(Docum	ent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	
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### **COVER LETTER**

TO: Registration Sect Division of Corpo				
SUBJECT:	GLM Bignature Name of Limit	Real Estated Liability Company	e,uC	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return all correspond	dence concerning this matter to	o the following:		
· :	Kristen Ki	ame of Person		
	The Signature	Peal Estate Co	mpanies	
	901-C Clint	Moore Address		
	Born Ration,	FL 33487 City/State and Zip Code		
	Kriska Caudd E-mail address: (to	COMPANES - CO be used for future annual rep	ort notification)	
For further information cor	ncerning this matter, please cal	l:		
Name of F	King Jaiven	at ( <u>501</u> ) <u>38</u> Area Code	Daytime Telephone Number	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy is en	tus &

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GLM Signature (Name of the Limited Hability Compa	Real Estate, UC
(Name of the Limited Dability Compa (A Florida Limited I	Tability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{7/12}{2018}$ and assigned $\frac{3}{20}$
Florida document number <u>L18000108419</u> .	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of	· · · · · · · · · · · · · · · · · · ·
registered agent and/or the new registered office address here	<u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	,
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr	ee 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 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:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lisette Cunningman	6311 Gauntlet Hall Lane	
		Davie, FL 33331	🗓 Remove
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ffective date, if other than the date of filing:	ng.) Pursuant to 605,020
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m The 90th day after the record is filed.	. on the earlier o
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Lu W Ail	STO
Signature of a member or authorized representative of a member	277
Kristen King Tuven Typed of printed name of signee	- }
Timed of printed name of curpos	<del></del>

Page 3 of 3

Filing Fee: \$25.00