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COVER LETTER

TO: Registration Division of C			
SUBJECT: Glidewe	Il Properties, LTD.		
	ame of Florida Limited Par	tnership or Limited Liabili	ty Limited Partnership
The enclosed Certif	icate of Amendment a	nd fee(s) are submitted	for filing.
Please return all cor	respondence concerni	ng this matter to:	
Eryn Glidewell			
	Contact Person		
Glidewell Properties, L	TD.		
	Firm/Company		
5115 Old Winter Garde	n Rd.		
<u> </u>	Address		
Orlando, FL 32811			
	City, State and Zip Code	 	
eryn@allritefence.com			
E-mail address: (to	be used for future annual	report notification)	
For further informat	ion concerning this m	atter, please call:	
Eryn Glidewell		at (407) ²⁹⁵	-7093
Name of Conta	nct Person		rtime Telephone Number
Enclosed is a check	for the following amo	unt:	
☐ \$52.50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRES	SS:	MAILING	ADDRESS:
Registration Section		Registration	
Division of Corpora	tions		Corporations
Clifton Building 2661 Executive Cer	ster Circle	P. O. Box 6. Tallahassee,	
Tallahassee, FL 32		i ananassee,	16 52511

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Glidewell Properties, LTD.	
Insert name currently on	file with Florida Department of State
limited liability limited partnership, whose certi	Florida Statutes, this Florida limited partnership or ificate was filed with the Florida Department of State on lorida document number A03000001679 o its certificate of limited partnership.
This amendment is submitted to amend the following	j.
A. If amending name, <u>enter the new name of the here</u> :	e limited partnership or limited liability limited partnership
New name must be distingui	ishable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes	rship, Limited, L.P., LP, or Ltd. s: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	cipal office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	22
New Mailing Address: (May be post office box)	
C. If amending the registered agent and/or regined new registered agent and/or the new registered of	stered office address on our records, enter the name of the fice address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree 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 t
am familiar with and accept the obligations of my position as registered agent.

If Changing Registered Agent	. Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
·			☐ Add ☐ Remove
			☐ Add☐ Remove
			Add Remove
			☐ Add☐ Remove
			☐ Add☐ Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

Glidewell, David R. Glidewell, and Steven D. Glidewell. O	wner of partnership shares of the corporation as well as
allocation of all profits/losses of the business effective Janu	ary 1st, 2018.
Effective date, if other than the date of filing: Janua (Effective date cannot be prior to nor more than 90 days after State.) Note: If the date inserted in this block does not meet the app be listed as the document's effective date on the Department.	er the date this document is filed by the Florida Department of olicable statutory filing requirements, this date will not
Signature(s) of a general partner or all general (*NOTE: Only one current general partner is required to si removing a "limited liability limited partnership" election st when adding or removing a "limited liability limited partner	gn this document unless the limited partnership is adding or atement. Chapter 620, F.S., requires all general partners to sign
p or o car	
	2 2 C
Signature(s) of all new or dissociating general r	partner(s), if any:
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	