100000002894

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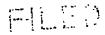
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COVER LETTER

TO:	Registration Se Division of Cor			
CIDIE	GLENEAG			
Name of Limited Liability Company				
The en	closed Articles of	Amendment and fee(s) are subs	nitted for filing.	
Please	return all correspo	indence concerning this matter t	o the following:	
		CESAR R. SORDO, ESQ.		
		FLORIDA CORPORATE	Name of Person SERVICES, LLC	······································
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		3006 AVIATION AVENU	• •	
		COCONUT GROVE, FL 3	Address 3133	· ·
		MHARDIE@SORDOLAW		·
For fu	rther information o	E-mail address: (i concerning this matter, please ca	o be used for hinne annual report notificat	rioa)
CESA	r r. sordo, es	Q.	305 859-8107	
	Name (of Person	Area Code Daytime To	elephone Number
Enclos	sed is a check for t	the following amount:		
₽ SZ	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclused)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations 30x 6327 nassee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente	ons ar Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GLEAN EAGLES, LLC			2019 HAY 16 P.2 34
(Name of the Limi	(A Florida Limited Liabi	It now appears on our recording Company)	<u>ir)</u>
The Articles of Organization for this Limited L. Florida document number 100000002894	iability Company wer	e filed on MARCH 14, 200	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability C	ompany," the designation "LL(C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered of		address on our record	is, enter the name of the new
Name of New Registered Agent:	FLORIDA CORPO	RATE SERVICES, LLC	
New Registered Office Address: 3006 AVIATION AVENUE, STE. 2A			
		Enter Florida street addre	:55
	MIAMI	, F	Torida 33133
		Cin	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 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, Stenature of New Registered Agent

Page 1 of 3

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

Title	<u>Name</u>	Address	Type of Action
MGRM	ALLEN, WILLIAM	510 BROADWAY	
		AA/777 01/ 5 AB/ 140A	Add
		AMITYVILLE, NY 11701	■ Remove
			☐ Change
MGR	ALLEN, MARIE	510 BROADWAY	
		AMITYVILLE, NY 11701	
			Remove
			☐ Change
			□ Rеточе
			Change
			D Add
			Remove
			Change
			Add
			☐ Remove
			Change
			O Add
			☐ Remove
			∏ Chanee

and other repor	mation, enter change(s) bere: (Attac	m additional streets, if hecessary.)
	 	
		
 		
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Note: If the date inserted in thi	MAY 9, 2019 the date of filing: must be specific and cannot be prior to date of s block does not meet the applicable statue Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 (3 story filing requirements, this date will not be listed as the
the record specifies a dela) The 90th day after the	yed effective date, but not an eff record is filed.	fective time, at 12:01 a.m. on the earlier of:
Dated MAY 9	2019	,
	TILL CCUM Signature of a member or authorized repr	resentative of a member
MARIE ATTEST	•	
MARIE ALLEN	Typed or printed name o	of simes

Page 3 of 3

Filing Fee: \$25.00