## L000000010150

(Requ	uestor's Name)			
(Addı	ress)			
(Addı	ress)			
(City/	/State/Zip/Phone #	)		
PICK-UP	WAIT	MAIL		
(Busi	iness Entity Name	)		
(Document Number)				
Certified Copies		f Status		
Special Instructions to Fi	iling Officer:			
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GLC Financial Service	es, LLC		_	
			_	
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
			ļ	Merger File
			1	Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			<b>✓</b>	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Ficitious Owner Search
				Vehicle Search
		<del></del>	·	Driving Record
Requested by: SETH	01/08/10	11:00		UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## GLC Financial Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	y Company were filed on	08/23/2000	and assigned	
Florida document numberL0000010150				
This amendment is submitted to amend the following	;			
A. If amending name, enter the new name of the l	imited liability company he	<u>re</u> :		
GL	CFS Holdings, LLC			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	N/A			
(Principal office address MUST BE A STREET AD	DDEGG)	***		
	<del></del>			
Enter new mailing address, if applicable:	N/A			
(Mailing address MAY BE A POST OFFICE BOX)				
	<del></del>			
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, enter t	he name of the new	
Name of New Registered Agent: N/	A			
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
	<u> </u>		Add Remove		
<del></del>			Add Remove		
			Add Remove		
			Add Remove		
	·		Add Remove		
D. If an	N/Δ	nange(s) here: (Attach additional sheets, if necessary.)	_ _		
Dated	January 5	2010 .	_ _ _		
	Signature of a med	mber or sufnorized representative of a member Katzman, Managing Member	<del></del>		
	Ty	yped or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00