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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phon	e #)
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M. THOMAS

MAY 2 6 2009

EXAMINER

COVER LETTER

	Registration S Division of Co				
SUBJECT	Г:	Gladius	Holdings LLC	,,	
00000	-· <u>-</u>		ited Liability Company	•	_
The enclos	sed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please retu	arn all correspo	ondence concerning this matter	to the following:		
			Sergio DeCesare		
			Name of Person		_
					7. 26
			Firm/Company		- PEG - 1
			3461 14th Ave NE		程 72
		****	Address		SSEE N
			Naples Fl 34120		To To
			City/State and Zip Code		2009 MAY 22 MM 11: 02 SECURE SEE, FLORIDE TALLAHASSEE, FLORIDE
		E-mail address: (to be used for future annual rep	port notification)	-
For further	r information o	concerning this matter, please of	eall:		
	Ser	gio DeCesare	at (_239_)	963-1501	
		of Person		& Daytime Telephone Num	ber
Enclosed is	s a check for t	he following amount:			
\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certif	Filing Fee, icate of Status & ied Copy is enclosed)
	MAIL	ING ADDRESS:	STREET/	COURIER ADDRESS	:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gladius Hol	dings LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appea Jiability Company)	rs on our records.)	
(·····, · · · · · · · · · · · · · · · ·		
he Articles of Organization for this Limited Liability Company were filed on		11/13/2007	and assigned
Florida document numberL07000114171			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	·e:	
Gladius Funding		_	. 2
The new name must be distinguishable and end with the words "Limi		any," the designation "I	LC" or the abbreviation
"L.L.C."			星 三
Enter new principal offices address, if applicable:	27499 Rivery	view Center Blvd.,	Ste. 210 %
(Principal office address MUST BE A STREET ADDRESS)		gs, FL 34134	SEO E
			700
			923 02
Enter new mailing address, if applicable:			0,000
(Mailing address MAY BE A POST OFFICE BOX)			_
www.g.www.co.g.viii BB/ii POOI O(1102 BO/ii)			
·			
B. If amending the registered agent and/or registered off	fice address on o	our records, enter t	he name of the new
registered agent and/or the new registered office address her	<u>e</u> :	, .	
Name of New Registered Agent:			
New Registered Office Address:			
Hew Registered Office Address.	En	ter Florida street add	ress
	, Florida		
	City	, 1 1011044	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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	,		Add Remove
			Add Remove
The same state of the same sta			Add Remove
***************************************			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter char	nge(s) here: (Attach additional sheets, if necessar	·
_			FIL 2009 HAY 22 SECRETARY TALLAHASSER
Dated	hy 20, , 20	ocq.	AMIII: 02
	Sevain Deliver	per or authorized representative of a member of or printed name of signer	

Page 2 of 2

Filing Fee: \$25.00