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| (Requestor's Name) | | | | | |
|---|-------------|--|--|--|--|
| (Address) | | | | | |
| (Address) | _ | | | | |
| (City/State/Zip/Phone #) | _ | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|------------------------|--|--|--|--|--|--|
| SUBJI | Name of Limited Liability Company | | | | | |
| The en | closed Articles of Amendment and fee(s) are submitted for filing. | | | | | |
| Please | return all correspondence concerning this matter to the following: | | | | | |
| | Henry Geddes | | | | | |
| | / Name of Person | | | | | |
| Firm/Company | | | | | | |
| 622 SE 4th Ave Address | | | | | | |
| | Address * | | | | | |
| | Delray Beach, HL 35485 | | | | | |
| | City/State and Zip Code Info Q Q O W Z i · COM E-mail address: (to be used for future annual report notification) | | | | | |
| For fur | her information concerning this matter, please call: | | | | | |
| | I an Shiell at (561) 702 - 2740 Name of Person Area Code & Daytime Telephone Number | | | | | |
| • | d is a check for the following amount: 00 Filing Fee \$\bigsquare \text{\$\frac{1}{3}}\$55.00 Filing Fee & \$\bigsquare \text{\$\frac{1}{3}}\$60.00 Filing Fee, \$\text{\$\center}\$Certificate of Status & \$\text{\$\center}\$ (additional copy is enclosed) \$\text{\$\center}\$ (additional copy is enclosed) | | | | | |

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

FILED

11.

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| · | GLOWZI, LLC | うこじ! | KEIARY UF STATE MHASSEF, FLORIDA |
|---|--|--|-------------------------------------|
| (<u>Name of the Limited I</u> (A) | GLOVVZI, LLC Liability Company as it now appear Florida Limited Liability Company) | 's on our records.") | 117100227 201107 |
| The Articles of Organization for this Limited Lia | bility Company were filed on | 01/19/11 | and assigned |
| Florida document number L110000076 | 689 | | |
| This amendment is submitted to amend the follow | wing: | | |
| A. If amending name, enter the new name of | the limited liability company her | <u>e</u> ; | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limited Liability Compa | ny," the designation " | LLC" or the abbreviation |
| Enter new principal offices address, if applica | ble: | | |
| (Principal office address MUST BE A STREET | <u> </u> | West of the second seco | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE B | <u> </u> | | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered offi | | ur records, <u>enter</u> | the name of the new |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | En | er Florida street ada | dress |
| | . Florida | | |
| | City | , rivilua | 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** 2425 NW 26th St Boca Raton, FL 33431 Gavin Robin MGRM Remove ☐ Add Remove Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated November 15 Signature of a member of authorized representative of a member Tan Shiell
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00