## L11000011547

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ві	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

NOV 17 2011

**EXAMINER** 

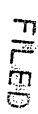
Office Use Only



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SECRETARY DESTATE



## **COVER LETTER**

TO:

**Registration Section** 

Divisi	on of Corp	orations		
SUBJECT:	GLMS	INVESTMENT GRO	DUP, LLC	
SUBJECT: _		Name of Lin	nited Liability Company	
The enclosed A	rticles of A	mendment and fee(s) are su	ubmitted for filing.	
Please return al	l correspon	dence concerning this matte	er to the following:	
		GIUSEPPINA L	O MONACO	
			Name of Person	
			2: 40	
	Firm/Company			
	10710 NW. 66 St. #308			
			Address	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		DORAL, FL. 33	3178	2011 NOV 16  SEGRETARY TALLAHASSE
			City/State and Zip Code	OV 16 PH
			ia@hotmail.com	25 P
		E-mail address:	(to be used for future annual report notification)	
For further info	rmation con	cerning this matter, please	call:	STATE LORID
GIUSEPPI	NA LO M	MONACO	at (786 ) 286-0434	
	Name of P	erson	Area Code & Daytime Telep	hone Number
Enclosed is a ch	eck for the	following amount:		
\$25.00 Filing		\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &
•			(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	BAATI INI	C ADDRESS.	CEDERAL COMPTED AT	NDDECC.
MAILING ADDRESS: Registration Section		on Section	STREET/COURIER AI Registration Section	DKE99:
Division of Corporations			Division of Corporations Clifton Building	
P.O. Box 6327 Tallahassee, FL 32314			2661 Executive Center Ci	rcle
			Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## GLMS INVESTMENT GROUP, LLC

(Name of the Limited   (A	Liability Compa Florida Limited I	ny as it now appears on ou Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Company were filed on 01/27/2011 and a					
Florida document number <u>L11000011547</u>	<u> </u>				
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," the	designation	"LLC" or the	abbreviation
Enter new principal offices address, if applica	10710 NW. 66 St.	<b>#</b> 308		_	
(Principal office address MUST BE A STREET ADDRESS)		DORAL, FL. 3317	8		
Enter new mailing address, if applicable:		10710 NW. 66 St.	#308	RETAN AHASS	T
(Mailing address MAY BE A POST OFFICE B	DORAL, FL. 3317	78	#177 # <b>3</b>		
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address here	fice address on our rec e:	ords, <u>ente</u>	SIAT	
Name of New Registered Agent:	GIUSEPPINA LO MONACO				<u>.</u>
New Registered Office Address:	10710 NW.	66 St. #308			
		Enter Flor	ida street a	ddress	
	DORAL		_, Florida _	33178	
		City		Zip Cod	le
New Registered Agent's Signature, if changing Re	egistered 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
MGR	M GIUSEPPINA LO MONACO	10710 NW 66 ST. #308	Add
		DORAL, FL. 33178	Remove
			Add Remove
	_		Add Remove
			Add Remove
			Add Remove
<u> </u>			Add Remove
D. If ar	nending any other information, enter cl FEIN/EIN Number 27- 4715659	hange(s) here: (Attach additional sheets, if necessar	······································
	·		ZOII A
			MARKED OF THE PROPERTY OF THE
Dated	Charles Al	2011	OF STATE
	Signature of a me GIUSEPPINA LO	mber or authorized representative of a member  MONACO	
		yped or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00