(Requestor's Name)	
(Address)	400247538384
(Address)	400247556564
(City/State/Zip/Phone #)	05/23/1301001012 **25.00
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT:	GLORI	LINLIMITED, LLC		
	•	Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.				

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

at (<u>BSD)</u> 284 - 7259 Area Code & Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

Glori Unlimited LLC		
( <u>Name of the Limited Liability Company as it now appears on our records.</u> ) (A Florida Limited Liability Company)		
(A I fonda Emined Enony Company)		
The Articles of Organization for this Limited Liability Company were filed on March 4,00	)) and assig	gned
Florida document number <u>L11000027344</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
Artsanum Schutions, LLC	<u></u>	<u> </u>
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C."	"LLC" of the 翻	Direviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<
·	- \$\$ 	
		<b>K</b>
Enter new mailing address, if applicable:	- <u>200</u> ×	
(Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida 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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

## MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
·			Add Remove
	······		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	ending any other information, enter c	hange(s) here: (Attach additional she	eets, if necessary.)
- - - Dated	May 22,	2013	2013 HAY 22 PH 3: 29
	Signature of a mo	ember of a mathorized representative of a m	nember
	1	yped or printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00

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