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**EXAMINER** 



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## **COVER LETTER**

TO:	Registration Sec Division of Corp	ction , , , , , , , , , , , , , , , , , , ,	t	<b>પ</b> :	je je		
SHRI	ፍርፕ	Glad to	Have you,	LLC			
Name of Limited Liability Company							
The er	nclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.				
Please	return all correspor	ndence concerning this matte	r to the following				
			Keith Lan	ders			
			Name of Pe	rson		•	
			Glad To hav	e you	•	_	
			Firm/Comp	any		-	
		2659 F	reedom Park	way Suite 129		_	
			Address			-	
			Cumming, Ga	a 30041			
			City/State and Z	ip Code		-	
		E-mail address:	n.landers@biz (to be used for futur	zmosis.com e annual report notific	cation)		
For fu	orther information co	oncerning this matter, please		•	ŕ		
	Ke	ith Landers	at (_67		127-6180		
	Name of	Person	1	Area Code & Daytime	Telephone Number	er e e e e e e e e e e e e e e e e e e	
Enclo	sed is a check for th	e following amount:					
\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Fili Certified (addition		Certifie	ate of Status &	

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

Glad To H	lave You, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on o ted Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L1200000595</u> .		1 -	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
	Software, LLC		_
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," t	he designation "LLC" or the abbreviat	ioi
Enter new principal offices address, if applicable:		<u> </u>	_
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	<b>\</b>	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N 23 PM 2: 29 NASSEE, FLORIDA	_ _ _
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:		ecords, enter the name of the n	<u>ev</u>
New Registered Office Address:	riri	orida street address	_
	Enter Fl	oriaa sireei aaaress	
	City	, Florida Zip Code	-
	CIIV	Zip Coue	

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 = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	<u>A</u> ddress	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
_			
	· · · · · · · · · · · · · · · · · · ·		
Dated	1/18 .201		
	Signature of a member	r or authorized representative of a member	<del></del>
		Keith Landers	
	Typed	or printed name of signee	

Page 2 of 2
Filing Fee: \$25.00 6