

420000 8810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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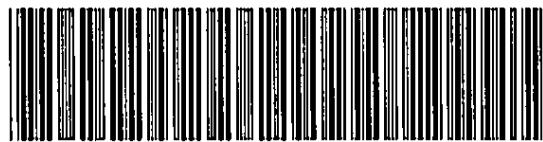
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

18 MAY 17 AM 88-13

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MAY 18 2018

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: GLENFORD FAMILY TRUST, LLC  
Name of Limited Liability Company

**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:

VENETA V. ROWE  
Name of Person

Name of Person

GLEWFORD FAMILY TRUST LLC  
Firm/Company

Firm/Company

4231 NW 25<sup>th</sup> STREET  
Address

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### Address

LAUDERHILL FL 33313  
City/State and Zip Code

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VENETA Rowe at 954 709 3161  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee       \$30.00 Filing Fee & Certificate of Status       \$55.00 Filing Fee & Certified Copy  
(additional copy is enclosed)       \$60.00 Filing Fee, Certificate of Status & Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

## MAKING ADDRESSES Registration Section

Registration Section  
Division of Corporations

Division of Com  
P.O. Box 6327

P.O. Box 6327  
Tallahassee, FL 32311

**STREET/COURIER ADDRESS:**

**STREET REGISTRY**  
Registration Section

Registration Section  
Division of Corporations

DIVISION OF COR.  
Clifton Building

**Clinton Building**  
2661 Executive Center Circle

2661 Executive Center  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

GLENFORD FAMILY TRUST LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/19/2012 and assigned Florida document number L 12 00000 8810

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

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**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>MICHAEL GORDON</u>	<u>4231 NW 25<sup>th</sup> ST</u>	<input type="checkbox"/> Add
		<u>LAUDERHILL, FL 33313</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

VENETA V. ROWE  
Typed or printed name of signee

Typed or printed name of signee