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K.SALY EXAMINER DEC 3 0 2015

COVER LETTER

	stration Secti sion of Corpo		•	
SUBJECT:	<u> </u>	ls fund, llc Name of Lin	nited Liability Company	
The enclosed	Articles of An	nendment and fee(s) are sub	omitted for filing.	
Please return a	all correspond	ence concerning this matter	to the following:	
		Scott A. Fra	ank, Esq. Name of Person	
		Law Offices	of Scott A. Frank, Firm/Company	PA
		5301 N Feder	ral Highway, Suite 1 Address	70
		Boca Raon, F	FL 33487 City/State and Zip Code	
	-	sfrank@safla E-mail address: (NW . COM to be used for future annual report not	ification)
For further infe	ormation conc	erning this matter, please ca	all:	
	Scott A Name of Pe		at (<u>561</u>) <u>826-5</u> Area Code Daytin	400 ne Telephone Number
Enclosed is a c	check for the f	ollowing amount:		
\$25.00 Fil:	ing 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:

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 ARTICLES OF ORGANIZATION

ARTIC	CLES OF ORGA OF	NIZATION	2015 DEC 28 AM 11: 57
GLS FUND, LL (Name of the Limited (A	C Liability Company as it Florida Limited Liability	now appears on our Company)	records. FLAHASSEE, FLORATE
The Articles of Organization for this Limited Liab	ility Company were fi	led on <u>2/11/1</u>	$\sim G(r)_{r}$
Florida document number <u>L13000021578</u>	·		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability co	mpany here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Comp	pany," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	 (X)		
B. If amending the registered agent and/or registered agent and/or the new registered offic		dress on our re	ecords, enter the name of the new
Name of New Registered Agent:	Law Offices	of Scott A	FRank, PA
New Registered Office Address:	5301 N Federa		·
	Deen Date	Enter Florida street	
	Boca Raton		, Florida 33487 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 = M $AMBR = A$	fanager Authorized Member	,	FILED	
<u>Title</u>	<u>Name</u>	Address	2015 DEC 28 AMIN: 57 MILLAHASSEE PLORIDA	Type of Action
			TALLAHASSEE PLORIDA	Add
				Remove
				Change
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	ASSEE, FLORED,
fective date, if other than the date of filing:	(optional) nnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
ote: If the date inserted in this block does not mee	t the applicable statutory filing requirements, this date will not be listed a
cument's effective date on the Department of State	e's records.
record specifies a delayed effective dat	e, but not an effective time, at 12:01 a.m. on the earlier (
The 90th day after the record is filed.	,
12[8]	2015
Signature of a more	nber or authorized representative of a member

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Filing Fee: \$25.00