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COVER LETTER

Division of Corp	orations		
SUBJECT: Glide	saddle LLC		
50202011	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
·	-		
	Jeff Chesa	k	
		Name of Person	
	Glidesaddle		
	anacoadan	Firm/Company	
		_	
	1121 Monte	eagle Circle	
		Address	-
	Apopka, Fl	32712	
	/ popila, i i	City/State and Zip Code	
	glidesaddle@gr	•	
		to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
Jeff Chesak		at (407) 383-2	212
Name of	Person		Telephone Number
Continued in a character for the	- C-11		
Enclosed is a check for th	e lollowing amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	connected of plants.	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Glidesaddle 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 5/27/14 Florida document number L14000084766	and assigned
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 end with the words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
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 registered agent and/or the new registered office address here:	the name of the nev
Name of New Registered Agent:	*
New Registered Office Address:	
New Registered Office Address. Enter Florida street address	
	<u> </u>
·	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 a provisions of all statutes relative to the proper and complete performance of my duties, and I am	

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name **Address** Type of Action 1121 Monteagle Circle Elizabeth I. Chesak **MGR** Apopka, FL, 32712 1121 Monteagle Circle Elizabeth I. Chesak **AMBR** Apopka, FL 32712 ☐ Remove _□ Remove

D.	If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
1		
E	E ffoo	tive date if other than the date of filing. (antiqual)
i,		tive date, if other than the date of filing:
		·
	Dated	June 23, 2014.
		Signature of a member or authorized representative of a member
		JEFFŔEY A. CHESAK
		Typed or printed name of signee

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Filing Fee: \$25.00