L150000033348

(Re	equestor's Name)	·
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE OF CORPORATIONS

Manuch 8 na 3/24/15

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	GLOVEF	R PRIVATE INVESTIGA	TING SERVICE, LLC	
SUBJE	Ļ1: <u></u>	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	cturn all correspo	ndence concerning this matter	to the following:	
		MICHAEL GLOVER		
		•	Name of Person	
		<u></u>	Firm/Company	
		9378 ARLINGTON E	EXPRESSWAY # 336	
			Address	
		JACKSONVILLE, FL	OIRDA 32225	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		MGLOVER7143@GI		
			to be used for future annual report no	otification)
For furtl	her information c	oncerning this matter, please ca	all:	
JAME	S BUTLER		904 662-777	5
	Name o	f Person		me Telephone Number
Enclose	d is a check for th	ne 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUI Registration Section of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle

March 24, 2015

Florida Department of State
Division of Corporations
2661 Executive Center Circle West
Tallahassee, Florida 322301

To Whom It May Concern and Ms. Irene:

This letter is sent to inform you that Michael Glover will not be reinstating the corporation that is named Glover Private Investigative Service, Inc. and will release the name as of today's date. If you should have any questions, please contact me at (904) 662-7775.

Sincerely,

James Butler Accountant

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVISION OF CORPORATIONS

2015 MAR -4 PM 3 52

GLOVER PRIVATE INVESTIGATING SERVICE, 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 Compar	ny were filed on 02/23/2015	and assigned
Florida document number L15000033348		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
GLOVER PRIVATE INVESTIGATIVE SERVICE, LI	LC	
The new name must be distinguishable and end with the words "Limited Li	ability 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)	NIN	
Enter new mailing address, if applicable:	_	
(Mailing address MAY BE A POST OFFICE BOX)	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	<u> </u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>ere:</u>	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	D (r	·····
	Enter Florida street address	
	, Flori	da Zip Code
N. B. J. J. J. J. G. J. B. J.	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and i provided for in Chapter 605, F.S e address, I hereby confirm that t	I am familiar with and S. Or, if this document is the limited liability
If Cha	anging Registered Agent, Signature of N	lew Registered Agent

Page 1 of 3

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

MGR = M $AMBR = A$	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		NA	
			□ Remove
		PlA	
			☐ Remove
		NA	
			□ Remove
		- (A	
			□ Add
		p/a	□ Remove
		Pla	
			☐ Remove
		HIA	
		MI	□ Remove

,	
Effective date, if other than the date of filing:	(optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	cannot be more than 90 days after
Dated FEBRUARY 26 2015	
Male M. Mor	
Signature of a member or authorized repres	sentative of a member
MICHAEL GLOVER	

Page 3 of 3

Filing Fee: \$25.00