

# LIS 00003947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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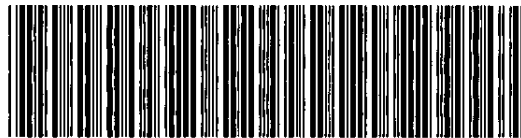
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 MAY 19 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan MAY 20 2015



*SAGE Incorporates Businesses in All 50 States*

May 11, 2015

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

**RE: Glemmestad Alpha Invest LLC**

Enclosed is an original and two (2) copies of the Articles of Amendment to Articles of Organization together with a check for \$55.00 payable to the Florida Department of State which represents the filing fee and request for a certified copy.

Once the Articles have been filed please mail to:

Danielle Henriksen  
Sage International, Inc.  
1135 Terminal Way #209  
Reno NV 89502  
(775) 786-5515

If you have any questions please call me. Thanks for your assistance with this matter.

Sincerely,

Danielle Henriksen  
Business Support Specialist

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Glemmestad Alpha Invest LLC

\_\_\_\_\_  
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:

Danielle Henriksen

\_\_\_\_\_  
Name of Person

Sage International, Inc.

\_\_\_\_\_  
Firm/Company

1135 Terminal Way Ste 209

\_\_\_\_\_  
Address

Reno NV 89502

\_\_\_\_\_  
City/State and Zip Code

danielle@sageintl.com

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

For further information concerning this matter, please call:

Danielle Henriksen

775

786-5515

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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:**

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

FILED

2015 MAY 19 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Glemmestad Alpha Invest 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 March 4, 2015 and assigned  
Florida document number L15000039472.

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 "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 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>
MGR	DEMANTHA GLEMMESTAD		<input type="checkbox"/> Add
		848 N Rainbow Blvd #2071	
		Las Vegas NV 89107	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DEMANTHA GLEMMESTAD		<input type="checkbox"/> Add
		848 N Rainbow Blvd #2071	
		Las Vegas NV 89107	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

**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 605.3207(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.

Dated 09/05-2015  
(MAY)

(MAY)

*Eva G. G. G.*

EVEN GLEMMESTAD,

Typed or printed name of signee

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**Filing Fee:**