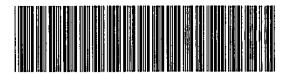
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(Re	equestor's Name)	
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COVER LETTER

TO:	Registration SO Division of Cor		•	
SHRIF		GE EAST, LLC		
SOLGE	RECT: Clear Company			
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		CHARLES B. GENONI		
			Name of Person	
		GLENRIDGE EAST, LLC	2	
			Firm/Company	
		4760 N. US1 #201		
			Address	· · · · · · · · · · · · · · · · · · ·
		MELBOURNE, FL 32935		
			City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	all:	
CHAR	LES B. GENONI		321 508-5052 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLENRIDGE EAST, LLC		
(Name of the Limited Liability Company as it now appears on of (A Florida Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Company were filed on	and ass	igned
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 designat	on "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 nev
registered agent and/or the new registered office address here:)06 20 20	**,*
Name of New Registered Agent:	स्ति प	Fan L
New Registered Office Address:		P 6. 2
Enter Florida stre	<u> </u>	
	Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 **Type of Action** <u>Title</u> Name <u>Address</u> □ Add _□ Remove _□ Change _□ Add _□ Remove ☐ Change _ 🗆 Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove _□ Change

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e record specifies a delaye The 90th day after the rec	d effective date, but n cord is filed.	ot an effective time	e, at 12:01 a.m.	on the	e earli	ier o
October 1	2015	·				
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Filing Fee: \$25.00