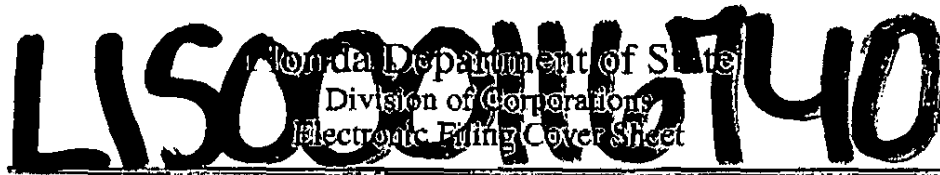


Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.exe>

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000082271 3)))



H170000822713ABC

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

RECEIVED  
2017 MAR 27 AM 9:45  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GLO PRODUCTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FILED  
17 MAR 27 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

D. SCOTT

MAR 28 2017 5:06 PM

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GLO PRODUCTS, 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 07/13/2015 and assigned Florida document number L15000116740.

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:

3619 Roxanne Blvd Sarasota, FL 34235

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

3619 Roxanne Blvd Sarasota, FL 34235

**(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:

Brad Weinstock

New Registered Office Address:

3619 Roxanne Blvd

Enter Florida street address

Sarasota


City

Florida 34235

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**  
Rachel Kauffman, Attorney-in-Fact

FILED  
MAR 27 PM 9:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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>
AMBR, President	Smullen, R. Michael	1451 GLOBAL CT	<input type="checkbox"/> Add
		SARASOTA, FL 34240	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Reader, David		<input type="checkbox"/> Add
		1451 GLOBAL CT SARASOTA, FL 34240	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
President, CEO & AMBR	Brad Weinstock	3619 Roxanne Blvd Sarasota, FL 34235	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALTERNATIVE MEDICAL ENTERPRISES LLC	1451 GLOBAL CT	<input type="checkbox"/> Add
		SARASOTA, FL 34240	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
17 MAR 27 AM 9 20  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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 605.0207 (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 5/29, 1901

Signature of a member or authorized representative of a member

**Savannah Montalban, Attorney-in-Fact**

Typed or printed name of signer

FILED  
17 MAR 27 AM 9 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA