

L15000120230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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18 JUN 26 PM 4: 08
SECRETARY OF STATE
DIVISION OF REGISTRATION

N COOPER

JUN 27 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GLOVER & GROB 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:

FRANCISCO ANDINO
Name of Person
NEXGEN ACCOUNTANTS LLC
Firm/Company
3505 SOUTHSIDE BLVD SUITE 7
Address
JACKSONVILLE, FL 32216
City/State and Zip Code
INFO@NGA1040.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANCISCO ANDINO at (904) 619-2675
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

GLOVER & GROB 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 L15000120230.

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)

10960 BEACH BLVD LOT 15

JACKSONVILLE, FL 32246

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10960 BEACH BLVD LOT 15

JACKSONVILLE, FL 32246

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DIVISION OF CORPORATE
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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:

NEXGEN ACCOUNTANTS LLC

New Registered Office Address:

3505 SOUTHSIDE BLVD SUITE 7

Enter Florida street address

JACKSONVILLE

Florida

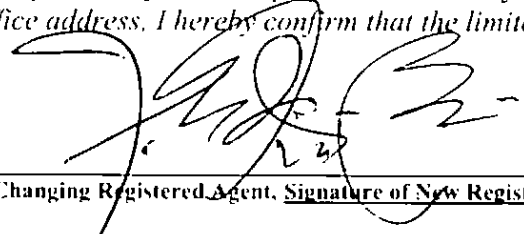
32216

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>
AMBR	GROB, MARLENE M	7803 LEMANS DR	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	REEVES, CARTER W	10960 BEACH BLVD LOT 15	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32246	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	GLOVER, JONATHAN P	8024 SOUTHSIDE BLVD	<input type="checkbox"/> Add
		APT 46	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32256	<input checked="" 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
			<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.)*

SECRETARY OF COMMERCE
DIVISION OF CORPORATION
18 JUN 26 PM 4: 08

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 JUNE 20, 2018

Signature of member or authorized representative of a member

JONATHAN P GLOVER

Typed or printed name of signee