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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: STEVEN R. KUTNER, P.A.

Account Number: I20010000180

Phone Fax Number : (407)644-1104 : (407)629-0090

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GLEE HOLDINGS, LLC

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Steven R Kutner PA 4076290090 >> 850-617-6381

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G	LEE HOLDINGS, LLC	•
(Nume of the Limited Lie (A Flo	ability Company as it now annears an our records orda Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on December 2, 2015	and assigned
Florida document number L15000201697		
This amendment is submitted to amend the following	3.	
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 AD	DDRESS)	<del>-                                    </del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		音が、楽し
		<b>基</b> 图 <b>第</b>
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, address here:	enter the name of the ner
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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

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MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = .	Authorized Member	•	
Title	<u>Name</u>	Address	Type of Action
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Dated January 7 2015		
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Signature of a nember or authorized topresentative of a mem		

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