## KIL 6000006045

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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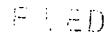
## **COVER LETTER**

TO:

Registration Section Division of Corporations

2377 GLES SUBJECT:	SDON LLC				
SOBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	GUILLERMO ANTONIO	MONTERO			
		Name of Person			
	2377 GLENDON LLC				
		Firm/Company			
	12991 NW 1ST STREET (	aPT 106			
Address					
	PEMBROKE PINES, FL. 3	3028			
		City/State and Zip Code	<del></del>		
	GMONTERO@MSN.COM				
	E-mail address: (	to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please ca	all:			
GUILLERMO A. MONTERO		310 498-7828			
Name of Person		at ()	e Telephone Number		
Enclosed is a check for th	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2377 GLENDON LLC

2022 JUL 15 PH 5: 03

(A Fi	orida Limited Liability Company)	TATTA ATSTALL OF
The Articles of Organization for this Limited Liabili		and assigned
Plorida document number 46000006093	·	
This amendment is submitted to amend the following	ñ:	
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 desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	_	
<ol> <li>If amending the registered agent and/or regist agent and/or the new registered office address he</li> </ol>		rds, enter the name of the new regi
	<del>_</del>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
_		Florida Zip Code
	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 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>	Name	Address	Type of Action
MR	KEVIN RICHARDSON	12991 NW 1ST STREET aPT 106 PEMBROKE PI	
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			□Add
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Tective date, if other than to an effective date is listed, the date of the other of the date inserted in this accument's effective date on the	the date of filing:	applicable statutory	(option or more than 90 days after fil filling requirements, this d	ing.) Pursuant to 605.0207
record specifies a delayed effectis filed.	rtive date, but not an effe	ctive time, at 12:01 a	.m. on the earlier of: {b}	The 90th day after the
JULY 08 ited	2022			
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Typed or printed name of signec