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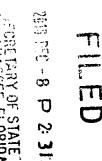
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S Warren DEC 09 2016

COVER LETTER

TO: Registration Section Division of Corpor	on ations		
SUBJECT:	GLP Line	age LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Avir	Name of Person	d
	GLP L	Ineage LLC Firm/Company	
	1078 Sha	lick Dr Unit	Ē
	Orange (i	Fy F2 3276 City/State and Zip Code	3
	Syndicaten E-mail address: (1	no for sales@. 9mc o be used for future arthual rep	ort notification)
For further information con-	cerning this matter, please ca	11:	
Avina Sh Name of P	ler Saud	at (<u>352</u>) Area Code	348 - 0607 Daytime Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Fiting Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	□ \$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

(Name of the Limited	Liability Company as it now A Florida Limited Liability Com	appears on our records.)	
The Articles of Organization for this Limited Liab		on 03/22/20	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability comp	any here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company	," the designation "LLC" or the	e abbreviation "L.b.G."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		ST D III
Enter new mailing address, if applicable:			D 2: 32 P 2: 32 P ORIO
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office agent and/or the new registered office agent.	r registered office addre ce address here:	ess on our records, <u>ent</u>	er the name of the ne
New Registered Office Address:	1078 Shadick	Drit E ner Florida street address	
	Orange City	, Florida	32763
	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 or removed	g Authorized Person(s) authorized to ma from our records:	nage, enter the title, name, and address of each	person being added
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Avinash Persaud	1078 Shadick Dr Unit E	D Add
		1078 Shadick Dr Unit E Orange City, FL 32763	P □ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			C Remove
		SET OF SET	Change Change
		STATE	Add Add
			Remove

_ Change

f åmend	ling any other information, enter change(s) here: (Attach additional sheets,	, if necessary.)
:	•	
		
		
		
Effective	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 c	_ (optional)
Note: If	the date inserted in this block does not meet the applicable statutory filing requirement	days after filing.) Pursuant to 605.0 ents, this date will not be listed
documen	nt's effective date on the Department of State's records.	
	rd specifies a delayed effective date, but not an effective time, at 1 Oth day after the record is filed.	.2:01 a.m. on the earlie
Dated	December 2 . 2016.	
	1. 12. n.	
	Signature of a member or authorized representative of a member	SS 82 89
	De son	ASSET OF D
	Avinash Persaud Typed or printed name of signee	STA STA

Page 3 of 3

Filing Fee: \$25.00