

L16 0000 750Z1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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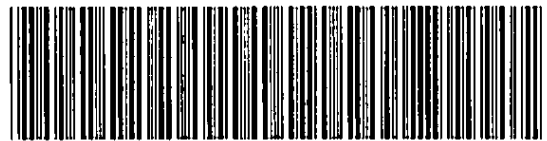
(Business Entity Name)

(Document Number)

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FILED
2020 JAN 24 AM 7:11
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FEB 20 2020
S. YOUNG

1/21/20

To whom it may concern,

Please change name to current LLC – GLS FAMILY HOLDINGS LLC TO INVESTORS CHOICE PROPERTY CARE LLC.

OUR CERTIFIED COPY CAN BE MAILED BACK TO:

PO BOX 490045

KEY BISCAYNE, FL. 33149

OR 7661 NW 107 #413

DORAL, FL. 33178

EMAIL ADDRESS- Tiw4352@aol.com

Thank you for your time!

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

GLS FAMILY HOLDINGS, 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 4/15/2016 and assigned
Florida document number L16000075021.

FILED
2020 JAN 24 AM 7:11
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INVESTORS CHOICE PROPERTY CARE, LLC.

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:

7661 NW 107 AVE SUITE 413

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33178

Enter new mailing address, if applicable:

PO BOX 490045

(Mailing address MAY BE A POST OFFICE BOX)

KEY BISCAIYNE, FL 33149

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:

YOLI BONHAM

New Registered Office Address:

7661 NW 107 AVE SUITE 413

Enter Florida street address

DORAL

City


Florida

33178

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 all 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

[illegible]

[illegible]

(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)

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Dated JANUARY, 19 2020

Typed or printed name of signee