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PICK-UP	TIAW	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	

Office Use Only



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FEB 2 0 MM 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 MAILLED BACK TO:

PO BOX 490045

KEY BISCAYNE, FL. 33149

OR 7661 NW 107 #413

DORAL, FL. 33178

EMAIL ADDRESS- <u>Tiw4352@aol.com</u>

Thank you for your time!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_____**2**

GLS FAMILY HOLDINGS, LLC.			O JAN
(Name of the Limi	ted Liability Compa	ny as it now appears on our reco- liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited L Florida document number L16000075021			NT OF SHATE and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
INVESTORS CHOICE PROPERTY CARE, LLC			
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	7661 NW 107 AVE SUITE 4	¥13
(Principal office address MUST BE A STREET ADDRESS)		DORAL, FL 33178	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	PO BOX 490045 KEY BISCAYNE, FL 33149	
B. If amending the registered agent and/or agent and/or the new registered office addre	~	address on our records, <u>ente</u>	er the name of the new register
Name of New Registered Agent:	YOLI BONHA	M	
New Registered Office Address:	7661 NW 107 A	AVE SUITE 413	
Spanned Sittle Hadess.	Enter Florida street address		
	DORAL	Į.	Florida 33178
		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 adder emoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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Page 2 of 3

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