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## **COVER LETTER**

TO: Registration Section

Division of Corp	porations			•
Glomar Equ	ities, LLC			
SUBJECT:	Name of Limi	ted Liability Company		
		en la alle		
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Albert S Smełko, Jr.			
		Name of Person		<del></del>
	Glomar Equities LLC			
		Firm/Company		- 702
	3225 Hartsfield Road			2014E8 21
		Address		21
	Tallahassee, FL 32303			-
		City/State and Zip Code		- ် က် က်
	ssmelko@altrua.com	T.C. C.	· · · · · · · · · · · · · · · · · · ·	-
	E-mail address: (	to be used for future annual report not	incation)	
For further information c	oncerning this matter, please co	all:		
Albert Smelko, Jr.		850 562-4564 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Numbe	er
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
<u>Mailing Addres</u> Registration (		Street Address: Registration So	ection	
Division of C		Division of Co		
P.O. Box 632	27	The Centre of		010
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite	810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Glomar Equities, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our recor Liability Company)	<u>-ds.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 12/20/2016	and assigned
Horida document number L16000229247		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7/
Principal office address MUST BE A STREET ADDRESS)		
		16 EB
		2
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u>्र</u>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new regi
Name of New Registered Agent:		-
New Registered Office Address:	Enter Florida street addr	ess
	, F	loridaZip 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Abigale Smelko	4252 William James Way, Tallahassee, Fl. 32303	<b>=</b> Add
			□Remove
			□Change
AMBR	Isabel Smelko	4252 William James Way, Tallahassee, FL 32303	<b>=</b> Add
			Remove
			□Change
	<del></del>		Add FFB Parente
			☐ Change cn
			DAdd
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change

	: <del>-</del>
	B 2
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	; ,
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing	(optional) g or more than 90 days after filing.) Pursuant to 605.02
e: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	filing requirements, this date will not be listed
·	
cord specifies a delayed effective date, but not an effective time, at 12:01.	a.m. on the earlier of: (b) The 90th day after th
s filed.	
ed <sup>2/12/24</sup>	
<u> </u>	
	tative of a member

Typed or printed name of signee