L17000084823

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Glodioto Frei of the Liability Company
The enclosed Articles of Amendment and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
NACKENS RENE
Gladia To R FReight 11c
9314 FOREST HILL BOULEVARD #7
City/State and Zip Code Glodia To R Fyziahtlic a unual report notification) E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call: NACKENS REW at 754, 244-63 09 Name of Person Name of Person Name of Person Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Signature Solution Signature Solution S

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT

4 Them.	10
ARTICLES OF	ORGANIZATION.
	OF CLION

- Glodiate	2020 MAY - 8 AM 8: 53
Name of the Limit Liability Co.	Vin G // 2020 HAY -8 AH 8: 53
La Florida L	The state of the s
The Articles of Organization for this Limited Lichility Compa Florida document number <u>L17000081822</u>	any were filed on EPV 17 8 0 17
This amond	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the re-	•
The new name must be distinguishable and contain the wore. Limited Liab Enter new principal offices address, if applicables	ability company here:
Enter new principal offices address, if applicable:	bility Company." the designation "LLC" or the abbreviation "LLC"
(Principal office address MUST BE A STREET A DDRESS)	- 1211 to rest 111 2001
DDRESS)	Weiling Ton, FL 33411
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	
D 70	
B. If amending the registered agent and/or registered office as agent and/or the new registered office address he up	ddress on our records, enter the name of the new registered
agent and/or the new registered office address he ::	
N CN D I A	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<u>-</u>	, Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agout 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 registere agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the regis : red 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>	<u>Name</u>	Address	Type of Action
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			□Remove
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		Signature of a	incriber or al	uthorized represer	ntative of a memb	er		
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Filing Fee: \$25.00