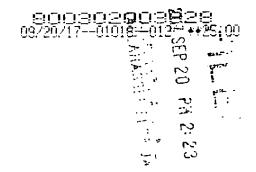


(Requestor's Name)
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(Business Entity Name)
(Document Number)
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800302003828



J. HARRIS

COVER LETTER

		(3/en	Co. (((
SUBJEC	Т:			
The enclo	osed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please re	turn all corresponde	nce concerning this matter t	to the following:	
	Division of Corporations BJECT:			
		Sten Co	Sim/Company	
		<i>سم</i> .		
		1		087
	-	G (enco	City/State and Zip Code Tacking E Justo be used for future annual report notific	rail Com
For furth	er information conc			
<u>G</u> (enroj	lanna	at (954) 394-	7623
	Name of Pe	rson	Area Code Daytime	Felephone Number
Enclosed	is a check for the fe	ollowing amount:		
A \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

Glenco,	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on Jaly (2,17 and assigned
Florida document number <u>L 170001497</u> 46	U
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	Holding, LLC
The new name must be distinguishable and contain the words "Limited Lia	bility Company." the designation "LLC" or the abbreviation [3L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	TO grant
(Trincipus office uniters Prost BE A STREET ADDRESS)	10 10 10 10 10 10 10 10 10 10 10 10 10 1

	en e
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u> 2 <u>ω</u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address here.	office address on our records, enter the name of the newere:
4	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin Code

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

N

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u> MGR	Name Glenroy Hanna	Address D.O.Box 4781 Hollywes	Type of Action
		1 33	OF3 □ Remove
			Change
			D Add
			Remove
			
			Remove
			Change
			🗆 Add
			Remove
			□ Change
			Add Commonwell
			Change
		 	□ Add
			Remove
			Change

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necess	ary.)	
_	N/A		
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(If an eff Note:	(options the date of filing:	ing.) Pursuant to 605.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	n. on the earlie	er of:
Dated	09/15 . 2017 .		Car i
	Signature of a member or authorized representative of a member	2 TO S	COMPTE
	Typed or printed name of signee	20 1971	E .
	Typed or printed name of signee	2:	• • •
	V		

Filing Fee: \$25.00