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COVER LETTER

Division of Cor	porations		
SUBJECT:	Glynn So	ervices Group LLC.	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
		Tamara Portales Glynn	
		Name of Person	
		Glynn Services Group, LLC.	
		Firm/Company	
		4141 Bay Beach Lane Unit 485	
		Address	 -
	Fo	ort Myers Beach, FL 33931-1904	
		City/State and Zip Code	
		l'amara.Glynn@icloud.com to be used for future annual report notif	the terms
For firther information c	oncerning this matter, please c	•	reaction)
Tamara Portales	Glynn	286 479-7041 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
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)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 |

2017 JUL 24 PM 3:58

	Glynn Services Group, LLC	ı	ATTAHASAY OF SILE
(<u>Name of the Limite</u>)	I Liability Company as it now appear: A Florida Limited Liability Company)	on our records.)	TATTAHASSEE, FLORID.
The Articles of Organization for this Limited Lia Florida document number <u>L17000151105</u>	bility Company were filed on	July 13, 2017	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the de	signation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:	I -		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		<u>_</u>
B. If amending the registered agent and/o registered agent and/or the new registered off Name of New Registered Agent:		our records, er	iter the name of the new
New Registered Office Address:	Enter Flore	ida street address	
		, Florid:	a
	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

MGR = { AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
АМВ ———	Kevin James Glynn	4141 Bay Beach Lane Unit 485	⊟ Add
		Fort Myers Beach, FL 3393	□ Remove
		<u> </u>	☐ Change
			Reference 1
		<u> </u>	24 gr 3: 50
			Remove
			□ Change
		· ————————————————————————————————————	Add
			Remove
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reffectiv <u>te:</u> If th		ate of filing: he specific and cannot be prior to c k does not meet the applicable			
record he 90	d specifies a delayed of th day after the recor	effective date, but not a d is filed.	n effective time,	at 12:01 a.m. on	the earlier o
ed	July 17	2017			
		gnature of a member or autiforiz	ed representative of a me	ember	
		Tamara Portale			
			ame of signee		

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Filing Fee: \$25.00