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(Requestor's Name)				
(Address)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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1/29/21

COVER LETTER

TO: Registration So Division of Con							
GLT Farm							
SUBJECT: Name of Limited Liability Company							
		•					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspondence	ondence concerning this matter	to the following:					
	Edward B. Thomas						
Name of Person							
GLT Farm LLC							
	Firm/Company						
	486 SW Abilene Rd						
		Address	·····				
Mayo. Fl 32066							
	City/State and Zip Code						
	tgifcharters@hotmail.com E-mail address: (to be used for future annual report notification)						
For further information of	concerning this matter, please ca		ication				
Edward B. Thomas	-	· · 386 · 209-1233					
Name o	of Person	Area Code Daytime	Telephone Number				
Enclosed is a check for t	he 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 Fung ree, Certificate of Status & Certified Copy (additional copy is enclosed)				

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 TO ARTICLES OF ORGANIZATION OF

iability Company as it now appears on our records.) Iorida Limited Liability Company)	
ity Company were filed on April 16, 2018	and assigned
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ng:	
e limited liability company here:	
"Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
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tereà ottice address on our records, <u>enter tne</u> ere:	name of the new reg
Enter Florida street address	
Florid	la Zip Code
	tered office address on our records, enter the ere: Enter Florida street address . Florid

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

armer illa

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	Danielle N. Thomas	2500 South Millbend Drive.	= Add
		The Woodlands, Texas 77380	□Remove
			UChange
			□ Add
			□Remove
			□Change
		 	2020 DEC 21
			Remove
			. ∴ Change
			□Add
			□Remove
			UChange
		-	□Add
			□Remove
			UChange
			□Add
		<u> </u>	□Remove
			UChanga

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optionai) E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated December 1 2020 Signature of a member or authorized representative of a member