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T SCHROEPER

COVER LETTER

TO: Registration of Division of	on Section Corporations	,	
SUBJECT:	721 Govmet D Name of Limit	eli & Catering ted Liability Company	LLC
The enclosed Article	es of Amendment and fee(s) are subn	nitted for filing.	
Please return all cor	respondence concerning this matter to	o the following:	
	Jennife.	Name of Person	
		Cl Tadibin Firm/Company	
	16414 B	Ridsehulu De	· · · · · · · · · · · · · · · · · · ·
	Lithia, F	EZ 33547 City/State and Zip Code	
	toffee to E-mail address: (to	Λ.	lication)
For further informat	ion concerning this matter, please ca	II:	
Jenni	2 Dimisa Rhore	des at (87) 758	8472
Na	ime of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fo	ee ☐ \$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:

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

72/ Gowert De/ L Name of the Limited Liability Company as i	Glenhy LLC it now appears on our records.) ty Company)	
The Articles of Organization for this Limited Liability Company were Florida document number	1 1	ssigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	company here:	
	<i>≌o,</i> <u>→</u>	
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	الر_
(Principal office address MUST BE A STREET ADDRESS)	. 7	1
	e H	111
	် လ	ر ر
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<i>yt</i>	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name	e of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Cod	<u> </u>

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.

Changing Mgistered 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>	<u>Address</u>	Type of Action
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		16414 Bridgehulk Pr. Lithia, FL33547	Remove
		UMIG, PC 33397	Change
			□ Remove
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If an effective date Note: If the date	e is listed, the date tte inserted in thi	the date of filing must be specific and s block does not re e Department of S	d cannot be grio nect the appli	cable statutory	or more than 90 c filing requireme	_ (option lays after fi ents, this d	ling.) Pur	suant to not be l	605.0207 (listed as t
The Onth d	iov after the	yed effective of record is filed.			ve time, at 1	2:01 a.ı	m. on t	the ea	rlier of:
Dated	Seften	be/ 38	2018	·					
		The second of th	member or auth	norized represent	ntive of a membe	r		-	•

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00