48000170735

(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800397660378

2022 HOV 17 JULIO: 20

COVER LETTER

. TO:

Registration Section

Divis	sion of Corpo	orations		
	GLIMPSE33	MEDIA, LLC		
SUBJECT:		Name of Lim	uited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return	all correspond	ence concerning this matter	to the following:	
		Ethelbert Nwanegbo		
			Name of Person	
		PowerHouse Anchor Mana	agement Consulting, Inc	
			Firm/Сопоралу	
		6620 Southpoint Drive S.S	Suite 511	
			Address	20 'S
		Jacksonville, FL 32216		2022 NOV 17 IN 10: 20 SEGRETARY A SECOND
			City/State and Zip Code	
		pamcrecovery@gmail.com		
		E-mail address: (to be used for future annual report notification)	=
For further inf	formation con	cerning this matter, please ca	all:	0: 20 ::::::
J			at ()	,, •
·	Name of P	erson	Area Code Daytime Telephone Nu	mber
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy is enclosed Certified Copy is enclosed	10 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
Reg Divi P.O.	ing Address: istration Se sion of Cor Box 6327	porations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
Talla	ahassee, FL	. 32314	2415 N. Monroe Street, Sui	te 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLIMPSE33 MEDIA, LLC				
(Name of the Limited Liability Co (A Florida Limi	npany as it now appears on our records.) ted Liability Company))		-
The Articles of Organization for this Limited Liability Compa	any were filed on 07/16/2018		_ and	assigned
Florida document number L18000170735				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company here:			
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbre	viation	"L.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS				
	-	TAL TAL	2022 NOV	
Enter new mailing address, if applicable:				٠ <u>٠</u> ا
Mailing address MAY BE A POST OFFICE BOX)	<u></u>		17	
		<u> </u>	207	<u> </u>
		· 11 · · ·	豆	1131 ; 111,-5
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	ne name (of the 1	new register
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Flor	ida	7: 6	
	Citv		Zip Coe	de

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 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
MGRM	ECN ASSETS HOLDING, INC	6620 SOUTHPOINT DRIVE S.SUITE 511	≣Add
		JACKSONVILLE, FL 32216	🗀 Remove
			Change
MGR	NWANEGBO, ETHELBERT	6620 SOUTHPOINT DRIVE S.SUITE 511	≣Add
		JACKSONVILLE, FL 32216	□Remove
			□ Change
		TAL -	Add 227 Remove
			Change
			□ Remove
			□ Change
<u> </u>			🗀 Add
			Remove
			□Change
			□Add
			□Remove

 <u></u>	
	
	
SEU 1	
RET ASY	3
<u> </u>	
	. • :
: 20	

Typed or printed name of signee