

418000210865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

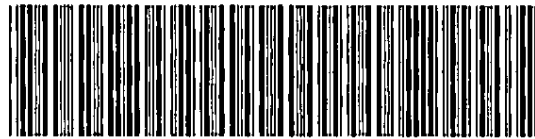
(Business Entity Name)

(Document Number)

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09/24/18--01048--032 **25.00

9/26/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Glasbridge LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon Sawchuk
Name of Person

Glasbridge LLC
Firm/Company

255 S. Orange Ave, Suite 107
Address

Orlando FL 32801
City/State and Zip Code

floridafutures2@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Sawchuk at (352) 267 8267
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Glasbridge LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/4/2018 and assigned Florida document number L18000210865.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Glasbridge Real Estate LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

255 S. Orange Ave Suite 107
Orlando FL 32801

*remaining
the same*

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

255 S. Orange Ave. Suite 107
Orlando FL 32801

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Sharon L. Sawchuk

New Registered Office Address:

255 S. Orange Ave Suite 107

Enter Florida street address

Orlando

City

Florida

32801

Zip Code

*remaining
the same*

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.

same

Sharon L. Sawchuk

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Travis Sawchuk	10432 County Rd 44	<input type="checkbox"/> Add
		Leesburg FL 34788	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alan Lily	618 Woodward St.	<input type="checkbox"/> Add
		Orlando FL 32803	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brian DeMarie	1011 Persimmon St	<input type="checkbox"/> Add
		Celebration FL 34747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jerrod Benson	1644 Gardenia Ct	<input type="checkbox"/> Add
		Winter Garden FL 32787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tom Rivera	PO Box 470930	<input type="checkbox"/> Add
		Celebration FL 34747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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 Sept 22, 2018

Shant Sawchuk

Signature of a member or authorized representative of a member

Sharon L. Sawchuk

Typed or printed name of signee