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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO:	Registration Se Division of Cor			± .	
SUBJEC		lucklich, LLC			
SUBJE	C1:	Name of Lin	nited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Steven Southwell			
			Name of Person		
		J. Steven Southwell, PA			
			Firm/Company		2-40M F25
		PO Box 1748			A0N
			Address		-2
		Wauchula, Florida 33873		; ; ;	PH 4: 47
			City/State and Zip Code		· 4: 47
		E-mail address: (to be used for future annual report notif	ication)	
For furth	ner information c	oncerning this matter, please c	all:		
Steven :	Southwell		863 773-4449		
	Name o	f Person	Area Code Daytime	2 Telephone Number	
Enclosed	d is a check for th	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 I Certificate of Certified Cop (additional copy	Status &

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

Margery Glucklich, LLC		
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears on our records.) iity Company)	
he Articles of Organization for this Limited Liability Company wer	e filed on September 24, 2018	and assigned
lorida document number L18000225327		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability	company here:	
he new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	1140 620 630
		AON .
	:	1
	•	2
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
_	<u></u>	<u>.</u>
	22	-1
. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:	address on our records, enter	r the name of th
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida etrast address	
	Enter Florida street address	
	, Florida _	
	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

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
MBR	Martin Glucklich	2923 Northeast Ouray Drive	5
	**************************************	Arcadia, Florida 34266	
		Areada, Fortal 34200	□ Remove
			Change
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			□ Remove
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			. ↓ □ Add
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ctive date, if other than the date of filing:	(optional)
effective date is fisted, the date must be specific and cannot be prior to date of filing: If the date inserted in this block does not meet the applicable statutoriment's effective date on the Department of State's records.	ing or more than 90 days after filing.) Pursuant to 605.020
ecord specifies a delayed effective date, but not an effec ne 90th day after the record is filed.	
Manga S. Guchlud Signature of a member or authorized represe	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00