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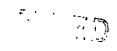
		istration Sect sion of Corpo		*		
	·m·	GLARE WO				
Name of Limited Liability Company						
The encl	osed	Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please re	eturn	all correspond	dence concerning this matter to	o the following:		
			FIORELLA CORNEJO			
				Name of Person		
			GLARE WORKS LLC			
				Firm/Company		
			2225 FLOURSHIRE DR			
				Address		
			BRANDON FL 33511			
				City/State and Zip Code	<u> </u>	
			FIO.CORNEJO@GMAIL.C			
			E-mail address: (t	o be used for future annual repor	t notification)	
For furtl	her i	nformation co	ncerning this matter, please ca	all:		
FIORE	LLA	CORNEJO		347 742-523	26	
		Name of	Person	Area Code D.	aytime Telephone Number	
Enclose	d is:	a check for the	e following amount:			
■ \$ 2 <i>5</i>	5.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
		niling Address		Street Addre		
Registration Section Division of Corporations				Registration Section Division of Corporations		
P.O. Box 6327					of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GLARE WORKS LLC

2020 JNT -2 PH 5: 33

(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 01/15/2019	and assigned
Florida document number 1.19000016414		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
- 	Enter Florida street address	
	, Floric	la
	City	la 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>	Address	Type of Action
AMBR	LOUIS SHUNNARAH	2225 Fluorshire Dr. Brandon Fl. 33511	Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
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			□Remove
			□Change
			□Add
			□Remove
			□ Change

Page 2 of 3

D. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
- -	
	
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Note: If the	te, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated	Signature of a member of a member
4-1	- · · · · · · · · · · · · · · · · · · ·
<u>r</u>	Typed or printed name of signee