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COVER LETTER

Registration Section

Division of Corporations

TQ:

Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for tiling. Please return all correspondence concerning this matter to the following: Name of Person LEGIT CONSULTING SERVICES LLC Firm/Company 6735 CONROY WINDERMERE RD 233	•
Please return all correspondence concerning this matter to the following: Name of Person LEGIT CONSULTING SERVICES LLC Firm/Company	_
Name of Person LEGIT CONSULTING SERVICES LLC Firm/Company	
LEGIT CONSULTING SERVICES LLC Firm/Company	-
LEGIT CONSULTING SERVICES LLC Firm/Company	
Firm/Company	
6735 CONROY WINDERMERE RD 233	_
Address	_
ORLANDO-FE 32835	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
FABIANA DE BARROS 407 2852290 at ()	
Name of Person Area Code Daytime Telephone Nun	nber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certified Copy Certified Copy (additional copy is enclosed) Certified Copy	0 Filing Fee, ficate of Status & fied Copy ional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLA GENERAL SERVCES, LLC (Name of the Limited Liability Comp.	any as it now appears on our records.) Liability Company)	
(A Fiorida Limited	Ciacinty Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/17/2019	and assigned
Florida document number L19000019397		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
GLA GENERAL SERVICES LLC		
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:	N:A	
Principal office address MUST BE A STREET ADDRESS)		
	N1. 4	
Enter new mailing address, if applicable:	N:A	
Mailing address MAY BE A POST OFFICE BOX)		
		6.2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new regis
, and the second		·
Name of New Registered Agent:		1 •
-	и. =	
New Registered Office Address:	Enter Florida street address	-
	Emer r torida street daaress	<u> </u>
	, Florida	.*-

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.

Cire

Zıp Code

, 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
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			Remove
			□Change
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ective date, if other than the da reffective date is listed, the date must be te: If the date inserted in this block	specific and cannot be prior to	date of filing or more than	90 days after filing.) Pursuant to	605,0207 listed as
ument's effective date on the Depa		ne successful fragments	enems, and take will how te	instea as
cord specifies a delayed effective do s filed.	te, but not an effective time	e, at 12:01 a.m. on the c	arlier of: (b) The 90th day (fter the
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