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COVER LETTER

Registration Section Division of Corporations

TO:

eun wet	GLENI	N OBERHOLTZ CONSU	JÉTING LLC	
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed Arti	cles of Amen	dment and fee(s) are subn	nitted for filing.	
Please return all e	orrespondenc	e concerning this matter t	o the following:	
	G	REG OSWALT		
			Name of Person	
	G	SOCPA LLC		
	_		Firm/Company	
	15	1 REGIONS WAY STE	5D	
		<u>-</u>	Address	
	D	ESTIN, FL 32541		
	GC	SWALT@COX.NET	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report noti	fication)
For further inforn	nation concer	ning this matter, please ca	dl:	
GREG OSWALT	•		850 654-9054	
	Name of Perso	on	Area Code Daytin	te Telephone Number
Enclosed is a che-	ck for the foll	owing 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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
V	MAILING A Registration Division of C P.O. Box 63 Tallahassee,	Section Corporations 27	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive C	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MINNING BID CONSULTING FFC			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appea iability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company v	were filed on _	02/18/2019	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company h	<u>ere</u> :	
GLENN OBERHOLTZ CONSULTING LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ty 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:		,	19 MAR
(Mailing address MAY BE A POST OFFICE BOX)			SSECTION OF THE PARTY OF THE PA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address o ::	n our records, <u>ent</u>	er the name of the n
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	Enter Fle	orida 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			☐ Remove
		☐ Change	
			☐ Remove
		Change	
		Add	
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Effect	ive date, if other than the date of filing: (optional)
Note:	(optional) Sective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
he re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ine	Jour day after the record is med.
_	
Dated	
	Signature of a member or authorized representative of a member
	•
	GREGORY S. OSWALT
	Typed or printed name of signee

D. It aimending any other information, enter change(s) here. (smach damaona sheets, g necessary)

Page 3 of 3

Filing Fee: \$25.00