## L19000056032

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## **COVER LETTER**

	Registration Sec Division of Corp			
SUBJEC	GLG KIBA			
SUBJEC	·	Name of Limi	ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		EDWIN A. GREEN, III. E	SQUIRE	
			Name of Person	<del></del>
		BLANCHARD, MERRIA	M, ADEL & KIRKLAND, P.A.	
			Firm/Company	<u></u>
		4 SE BROADWAY		
			Address	<del> </del>
		OCALA, FL 34471		
		TGREEN@BMAKLAW.C	City/State and Zip Code OM	
		É-mail address: (	to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please ea	all:	
EDWIN	A. GREEN, III		352 732-7218	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25.0	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)

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

GLG KIBA, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Companies Florida document number 119000056032	y were filed on FEBRUARY 26	, 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		135
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1609 SW 17TH STREET, SU OCALA, FL 34471	ITE 500 22
B. If amending the registered agent and/or registered	office address on our record	ls, enter the name of the nev
registered agent and/or the new registered office address he		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	rss
	r .	lorida
	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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective da	te, if other t	han the dat	e of filing	<b>z</b> :				(opti	onal)		
If an effective d Note: If the document's e	late is listed, the date inserted	e date must be : in this block (	specific and does not ir	cannot be preet the ap	prior to dat plicable s	of filing c tatutory fi	r more than ling requir	90 days after ements, thi	r (īling.) Purs s date will i	uant to 60 not be lis	05.0207 sted as
he record s The 90th				ate, but	not an	effectiv	e time, a	t 12:01	a.m. on t	he ear	lier o
JUNE Dated _	. 18			2019	_	7	,	<del>``</del> )			
Dateu			•		<del>//</del> /			M			

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Typed or printed name of signee

Filing Fee: \$25.00