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COVER LETTER

TO: Registration Se Division of Cor						
SUBJECT: Pros	penty Ute Name of 1.in	Settle ments, LLC nited Liability Company	<u>C</u>			
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspo	ondence concerning this matter	to the following:				
	Nicholas	Andrew				
		Name of Person				
		Firm/Company				
	1775 SW	Gatlin Blud,	STE 205			
	Port St.	Lucie, FL 34 City/State and Zip Code	953			
	Nicholasapis E-mailaddress:	CTT Lewarts. Com to be used for future annual report notif	ication)			
For further information c	oncerning this matter, please c					
Ni Cholas Name o	if Person	at (772) 643- Area Code Daytime	476Z Telephone Number			
Enclosed is a check for the	ne following amount:					
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ON SEELHACH, ALI 7:53		
	• •		
The Articles of Organization for this Limited Liability Company	were filed on 510 2019 and assigned		
Florida document number <u>L 1900 1 2 1 5& 3</u> .	' 1		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi			
Glenlia Settlements, LLC The new name must be distinguishable and contain the words "Limited Liabil	_		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1775 SW battin Blud, STE 205		
Principal office address MUST BE A STREET ADDRESS)	Port St. Lucie, FL 34953		
	1775 Sul Gottin Dund STF 705		
Enter new mailing address, if applicable:	Port St. Lucie, FL 34953		
Mailing address MAY BE A POST OFFICE BOX)	Post St. Lucie, FL 34433		
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new registered		
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida City Zip Code		
	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 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

• 1 3
• • •

<u>Title</u>	Name	Address \$2 MAR -4 AH 7: 53	Type of Action
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		 	□Remove
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