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SENTING OF STATE

Y. SCOTT MAR - 5 2022

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SUBJECT:	GLORIA T	RUJILLO ELC							
SUBJECT:		Name of Lim	nited Liability Company						
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.						
Please return	n all correspo	ndence concerning this matter	to the following:						
		GLORIA TRUJILI.O							
			Name of Person			_			
		GLORIA TRUJILLO LLO	;			m	20		
			Firm/Company				122 F		
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			Address				8		
		NAPLES, FL 34104				SEE.	2022 FEB 28 PM 3: 09		
			City/State and Zip Code			STATE E.FL	90 :		
		E-mail address: (to be used for future annual	report notificati	on)				
For further i	nformation co	oncerning this matter, please ca	all:						
GLORIA T	RUJILLO			5-0100					
Name of Person			Area Code	Daytime Tel	ephone Numb	er			
Enclosed is	a check for th	e following amount:							
□ \$25.00 Filing Fee & Certificate of Status			S55.00 Filing Fee Certified Copy (additional copy is end		☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)				
	niling Addres		Street A						
Registration Section Division of Corporations			Registration Section Division of Corporations						
P.O. Box 6327			The Centre of Tallahassee						

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLORIA TRUJILLO LLC

(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 $\frac{09/23/2019}{}$ and assigned Florida document number 1.19000240183 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GLORIA SALES HOME LLC The new name must be distinguishable and contain the words "Limited Liability 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 address 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

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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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Filing Fee: \$25.00