119000301726

	Requestor's Name)	
(Address)	
	A dalana)	
,	Address)	
	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	<u></u>
(Document Number)	
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Special management	to raing officer.	

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R. WHITE MAR 0 5 2020

COVER LETTER

SUBJECT:	GL	O INDUSTRIES LLC	
		nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	TODD LOUER		
		Name of Person	·
	T LOUER INC		
		Firm/Company	
	5 LAKE EDEN DRIVE		
		Address	<u> </u>
	BOYNTON BEACH FL	33435	
	CROSS@GELBERCPA	City/State and Zip Code	
	-	to be used for future annual report notif	ication)
For further information o	concerning this matter, please of	all:	
CANDACE ROSS		954 435.4222 at ()	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following 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)

Mailing Address: Registration Section

Registration Section

Division of Corporations

TO:

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

	NLO INDUSTRIES LLC (4644 from 1991)	
(Name of the Limited Liab) (A Florid	lity Company as it now appears on our rec da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on 12/11/2019	and assigned
Flonda document number L19000301726	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere gent and/or the new registered office address here:	ed office address on our records, ent	er the name of the new register
Name of New Registered Agent:	<u>-</u>	
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	City	Florida Zip Code

lew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions 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 sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany 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 = Manager AMBR = Authorized Member

Title	Same	Address	Type of Action
AMBR	JEGCO LLC	21552 PARVIN DRIVE	<u>-!</u>
		SANTA CLARITA CA 91350	
			■Change
			Add
			Il Change
			JRemove
			±1Change
			≟Add
			UChange
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fective date, if other than in effective date is listed, the date of the date inserted in the cument's effective date on the cument's effective date.	must be specific and cannot be is block does not meet the:	anniicable stabitory tiling	(optional) we than 90 days after filing.) Pursuant or comments, this date will not be	to 605.02 e listed
ecord specifies a delayed effe is filed.	ective date, but not an effec	tive time, at 12:01 a.m. or	the earlier of: (b) The 90th day	after th
FEBRUARY 4	2020			
	7	· ·	- ()-	
	Signatura	authorized representative of	2/4/20	_
	SIXINGUIDAN N MEMBERS	' Allingmaeartatura a:	a member	