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OCT 23 2020 S. YOUNG



## **COVER LETTER**

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Glossbacke LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cherrise Taylor-Lipscomb
K5 Business & Professional Services LLC
6034 Chaster Are Ste 105
Jack Sonville, FC 32217 City/State and Zip Code
K5 husiness services 1/c d gmail-com E-mail address: (to be used for future annual report nonffication)
For further information concerning this matter, please call:
Chernse Taylor-Lips work at (94) 527-3687 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

### 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

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(Name of the Limited Liability Com	he LLC	SE SE
(A Florida Limited	d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number $220001255$	ny were filed on 3/4/5	2020 and assigned
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limited lia	,	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6028 Ches	Ler Ave
(Principal office address MUST BE A STREET ADDRESS)	Ste 205	A
	<u>Jacksonvil</u>	le FL 32217
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
muning understant DE AT OST OFFICE DONY		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>ente</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	, J	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 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>	Name	<u>Address</u>	Type of Action
			□Adđ
			□Remove
		<del></del>	Change
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. If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effective date is Note: If the date i	other than the date of filing:
e record specifies a ord is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated <u>9 - 9 -</u>	- <u>20</u>
4.1	Signature of a member or authorized representative of a member
Ni	hesha Lindsty Typed or printed name of signee