DP8171840

(R	Requestor's Name)
(A	ddress)
(A	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
8)	Business Entity Name)
(D	Pocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GLK REAL ESTA	TE LLC		
			
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······································	···		-
	•		Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
o.g.,ara.e			Vehicle Search
			Driving Record
Requested by: SETH			UCC 1 or 3 File
	Dat -		UCC 11 Search
Name	Date	Time	UCC II Retrieval
Walk-In Pander's Princing - Thom leville GA	Will Pick Up	·	Courier

COVER LETTER

Div	ision of Cor	porations			
	GLK Real I	Estate LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ndence concerning this matter			
	•	J	Ü		
		Mark Mangen			
			Name of Person	·····	
		Straughn & Turner, P.A.			
		, 	Firm/Company		
255 Magnolia Avenue SW Address					
		Winter Haven, FL 33880			
			City/State and Zip Code		
		SRounds@WHMSFL.com E-mail address: (to be used for future annual report no	ification)	
For further in	nformation c	oncerning this matter, please c	·	,	
Sheila Roun	ds		863- 324-3698 at ()		
	Name o	f Person		ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
≅ \$25.00 F	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)	
	iling Addres		<u>Street Address:</u> Registration Se	ection	
	iling Addres gistration S		Street Address: Registration Se	ection	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

77 1 12 711 10: 39

GLK Real Estate LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records, nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on	and assigned
Florida document number L20000171840		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
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 ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	ne name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<u> </u>
	, Flor	
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kevin Chinoy	346 E Central Avenue	
		Winter Haven, FL 33880	≅Remove
			Change
MGR	Gary Price	346 E Central Avenue	□Add
		Winter Haven, FL 33880	≘Remove
			□Change
			□Add
			□ Change
			□Add
			□Remove
			Change
			□Add
			
			Change
			□Add
			□Remove
			□ Change

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if an effe <u>Note:</u>		and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 timeet the applicable statutory filing requirements, this date will not be listed
e record rd is fil		ot an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated ₋	Law OCA	_,
	Signature of	a member or authorized representative of a member
	•	

Filing Fee: \$25.00