## L20000314171

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## **COVER LETTER**

TO:

TO: Registration Division of	n Section Corporations		
Glacian	o LLC	r.	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.	
	spondence concerning this matter	•	
	Nacbelys Gonzalez		
		Name of Person	
	Glaciano LLC		
		Firm/Company	<del></del>
	415 8th Ave		
		Address	
	Labelle, FL 33935		
	udavianalla Giumail auna	City/State and Zip Code	<del></del>
	glacianolle@gmail.com E-mail address: (	(to be used for future annual report notification)	
For further informatic	on concerning this matter, please o	rall:	
Naebelys Gonzalez		786 489-6119	
Nan	ie of Person	at () Area Code Daytime Teleph	one Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is englosed)
P.O. Box 6	on Section f Corporations	Street Address: Registration Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 32303	ssee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Glaciano LLC

company has been notified in writing of this change.

( <u>Name of the Limi</u>	ted Liability Compa (A Florida Limited)	iny as it <u>now appears on ou</u> Liability Company)	r records.)	
The Articles of Organization for this Limited L Florida document number L20000314171		were filed on 10/05/202	0 and a	ssigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		36 E. Hickpochee Ave		
		Labelle, FL 33935		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		415 8th Ave Labelle, FL 33935		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records.	enter the name of the n	ew registered
Name of New Registered Agent:	Naebelys Gonz	alez		
New Registered Office Address:	36 E. Hickpoch	nee Ave		
		Enter Florida stree	t address	
	Labelle		, Florida 33935 🗮	* <i>D</i>
New Registered Agent's Signature, if changing i	Registered Agent:	City	, Florida 33935 Section Code Section 1	
I hereby accept the appointment as registere		oe to act in this caracit	ty I further garee to con	— mby 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

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>	Address	Type of Action
Owner	Gonzales, Jeffrey	8405 Pines Blvd	□Add
		Pembroke Pines, FL 33024	~~
			□Change
Owner	Gonzalez, Nacbelys	36 E. Hickpochee Ave	
		Labelle, FL 33935	□Remove
			Change
			□ Add
			□Remove
			□Change
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			□Change

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fective date, if other than the dat	te of filing:		(optional)	
an effective date is listed, the date must be ote: If the date inserted in this block	specific and cannot be prio	r to date of filing or more th	an 90 days after filing.) I	Pursuant to 605,020
ocument's effective date on the Depar			unements, this date w	<u>.</u> .
				2021
record specifies a delayed effective da	ite, but not an effective t	ime, at 12:01 a.m. on the	e earlier of: (b) The	90th alay after the
is filed.				1
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	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<del>}</del>		9
Cina	nature of a member or and	orized representative of a r	nember	
Sigi	The state of the s			