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LLC

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: GLEATON 3 RUDOLPH 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:
James H Gleaton IV
Name of Person
Gleaton & Rudolph LLC
Firm/Company
4919 Arapahoe Ave
City/State and Zip Code  gandrexecutive @ gmail. com  E-mail address: (to be used for future annual report notification)
City/State and Zip Code
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
T 11 CT 1 TT
Name of Person
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigsiz \$30.00 Filing Fee & \$\Bigsiz \$55.00 Filing Fee & \$\Bigsiz \$60.00 Filing Fee.
Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)
Mailing Address:  Street Address:  Denistration Section

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

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

## GLEATON & RUDOLPH 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	v Company were	filed on 10 /	126/20		and as:	signed
Florida document number L2000034	<u>40</u> 248					
This amendment is submitted to amend the following:	:					
A. If amending name, enter the new name of the li	imited liability	company here:				
The new name must be distinguishable and contain the words "L	imited Liability Co	mpany," the design	ation "LLC" or the	e abbrevi	ation "L	.L.C."
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADI	DRESS)			- <del>1</del> 2	202	
	_			<u>FRE</u>	FEB	
				AHA	9	5
Enter new mailing address, if applicable:				SE	<del></del>	<u>m</u> _
(Mailing address MAY BE A POST OFFICE BOX)		•		<u> </u>	– <u>ë</u> −	
				<u> </u>	_ <del>\$</del> _	
B. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:		ess on our recor	ds, <u>enter the n</u>	ame of	the nev	w registered
New Registered Office Address:		Enter Florida st	and address.	-		
		rmer riorida si				
· —		Lity	Florida		ip Code	
New Registered Agent's Signature, if changing Registe	ered Agent:	•			•	
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete perf l agent as provi ered office addi	ormance of my d ded for in Chap	duties, and Lanter 605, F.S. C	m fami. Fr. if th	liar wii is doci	th and iment is

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: the world life our arront registered manages names changed to the names provided below, exactly. MGR = Manager AMBR = Authorized Member Address Name -**Type of Action** Title JAMES GLEATON IV 4919 Arapahoe Ave \_\_ 🗆 Add TIMOTHY W RUDOLPHII 109 Azalea Point Dr S DANN \_\_\_\_\_\_ □ Add \_\_\_\_ ⊡Remove Remove

\_\_\_\_\_ □Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>	we date, if other than the date of filing:
f the recor ecord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the led.
Dated	2/16/21 (February 16th, 2021)
	Wo a Dear
	Signification III  James H Gleaton III
	James H Gleaton IV
	Typed or printed name of signce