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COVER LETTER

Division of Corp	oorations'			
Glass Stone SUBJECT:	REO LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	idence concerning this matter	to the following:		
	Anthony Andrew Torres			
		Name of Person		
	Glass Stone REO LLC			
		Firm/Company		
	6593 LONGBOAT DR			
		Address		
	BROOKSVILLE, FLORII	DA 34604		
		City/State and Zip Code		
	anthony.a.torres2@gmail.co			
For further information co	E-mail address: (incerning this matter, please ca	to be used for future annual report notification)		782) AFR -9
Anthony Andrew Torres		484 3408837 at ()		-9 - 1
Name of	Person	Area Code Daytime Telephone No	amber	
Enclosed is a check for the	e following amount:		•	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)		
Mailing Address	<u>:</u>	Street Address:		

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

Registration Section

 $T^{i}Y^{i}$

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



GLASS STONE REO 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 Company were filed on $\frac{12/02/2020}{1}$ and assigned Florida document number 1.20000377634 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Glass Stone Realty and Investments LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If amending Authorized Person(s) authorized to manage, enter the title, same, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

A Fr Merican No. of

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Remove
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			☐ ☐ Remove
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Typed or printed name of signee