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## **COVER LETTER**

TO: Registration Sec Division of Corp		,	
SUBJECT:	L INVESIME Name of Lim	M. CAPUAL L ited Liability Company	.L.C
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	JOSE-GAR	SRIEL LOPEZ Name of Person	
	GL INV	ESIMEN CAPUL	7L L.L.C.
	1657 CORA	L RIDGE DR. Address	<del></del>
	CORAL SPRIM	65,FL 33071	
	JOSE 611 0PEZ	6319 @ Small. Control to be used for future annual report notifications.	n ication)
For further information co	ncerning this matter, please ca	all:	
Jose-GARK Name of	LL&EZ Person	at ( <u><b>954</b></u> ) <u><b>899-1</b> Area Code Daytime</u>	554 Telephone Number
Enclosed is a check for the	e following amount:		
∑ \$25.00 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)

Mailing Address:

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

Registration

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

2022 JUN 15 AM ..

This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  GL CAPMAL LC  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)  CORAL RIDGE DR.  CORAL RIDGE DR.  CORAL SPRINGS, FL. 330.  CORAL SPRINGS, FL. 330.	LC AMII: 53	GL INVESTMENT CA
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  GL CAPVAL 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 agent and/or the new registered office address here:	, "MOSEE, FI	
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A. If amending name, enter the new name of the limited liability company here:  GL CAPMAL 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 agent and/or the new registered office address here:		Florida document number <u>L21000</u> U22356
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C.  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 agent and/or the new registered office address here:		This amendment is submitted to amend the following:
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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 agent and/or the new registered office address here:		GIL CAPITAL LLC
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  COLAL SPRINGS, FL. 330-  (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 agent and/or the new registered office address here:	pany," the designation "LI.C" or the abbreviation "L.L.C."	The new name must be distinguishable and contain the words "Limited Liabil
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  COLAL SPRINGS, FL. 330-  (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 agent and/or the new registered office address here:	1657 CORAL RIDGE DR.	Enter new principal offices 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 agent and/or the new registered office address here:	CORAL SPRINGS, FL. 33071	(Principal office address MUST BE A STREET ADDRESS)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:	657 CORAL RIDGE DR.	Enter new mailing address, if applicable:
agent and/or the new registered office address here:	CORAL SPRINGS, FL. 33071	(Mailing address MAY BE A POST OFFICE BOX)
	s on our records, <u>enter the name of the new register</u>	agent and/or the new registered office address here:
New Registered Office Address:  Enter Florida street address	Enter Florida street address	New Registered Office Address:
, Florida		
City Zip Code  New Registered Agent's Signature, if changing Registered Agent:	v Zip Code	

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 adde or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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