## L210000 86164

(Requestor's Name)				
(Address)				
(Addiess)				
(Address)				
(City/State/Fin/Dhone to				
(City/State/Zip/Phone #)				
FT				
PICK-UP WAIT MAIL				
(Dusiness Fath, Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Consider the Association of Association (Consider the Association of Association				
Special Instructions to Filing Officer:				





700432041257

05/24/24--01025--019 **\*\***50.00

7/9/24 Ky4

## **COVER LETTER**

TO:

Registration Section

**Division of Corporations** GLENTERPRISES LLC SUBJECT: 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: Barbara Ives Name of Person GI Enterprises LLC Firm/Company 3322 1st St S Address Jacksonville Beach, FL 32250 City/State and Zip Code barbaraives3@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Barbara Ives Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & **■** \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy . . (additional copy is enclosed) (additional copy is enclosed) \$ **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GI ENTERPRISES 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 February 22, 2021 and assigned Florida document number L21000086164 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited 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." 3322 1st St S Enter new principal offices address, if applicable: Jacksonville Beach, FL 32250 (Principal office address MUST BE A STREET ADDRESS) 3322 1st St S Enter new mailing address, if applicable: Jacksonville Beach, FL 32250 (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 Changing Registered Agent, Signature of New Registered Agent

\_, Florida <u>\_\_\_</u>

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
CEO	MATTHEW F. IVES	700 OLD DAIRY ROAD	🗀 Add
		WAKE FOREST, NC 27587 US	7.0
			□Change
CEO	BARBARA A. IVES	3322 1ST ST S	□Add
		JACKSONVILLE BEACH, FL 32250 US	□Remove
COO	GLEN R. IVES	3322 IST ST S	≣Add
		JACKSONVILLE BEACH, FL 32250 US	□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			□Change :
			□Remove
			F-1/31

NONE		
	· · · · · · · · · · · · · · · · · · ·	
<del></del>		
	<del></del>	
	<u> </u>	
		**
ffective date, if other than the	date of filing:	(optional) ling or more than 90 days after filing.) Pursuant to 605,0207
ote: If the date inserted in this bl	ock does not meet the applicable statuto	ory filing requirements, this date will not be listed as
ocument's effective date on the D	epartment of State's records.	
record specifies a delayed effectiv is filed.	2 date, but not an effective time, at 12:0	It a.m. on the earlier of: (b) The 90th day after the
		-? -
JUNE 19	2024	:
	· · · · · · · · · · · · · · · · · · ·	: 5
V VA/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	1 Hotten	
THE WOLL	Signature of a member or authorized repres	centative of a member
∳ BARBARA A. IVES		. <del>.</del>

Filing Fee: \$25.00