# L21000122,490

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ming officer.
5/25/21 M

Office Use Only



800362874098

04/05/21--01027--020 \*\*25.00

21 AFR -5 PH 4: 04

### **COVER LETTER**

	ration Secton of Corp					
Po SUBJECT:	glar, LLC					
Name of Limited Liability Company						
The enclosed A	rticles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all	l correspon	dence concerning this matter	to the following:			
		Sheila Brown				
			Name of Person	<del></del>		
		Sheila Brown Accounting				
Firm/Company						
100 Southpark Blvd. Suite 410						
			Address			
		St. Augustine, FL 32086				
			City/State and Zip Code			
		sbrown@sheilabrownaccou	nting.com to be used for future annual rep			
For further info	rmation cor	ncerning this matter, please ca		ort notification)		
Sheila Brown			904 484-5			
	Name of I	Person	at () Area Code	Daytime Telephone Number		
Enclosed is a ch	eck for the	following amount:				
■ \$25.00 Filir	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	g Address:		Street Add			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 APR -5 PH 4: 05

Peglar, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000122490}{L21000122490}$ .	were filed on 03/15/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.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 a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
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

## 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

TYPE IN TAKE OF SEATING	ivi ai v	is (if ); Uf thesis	i Sailen
-------------------------	----------	------------------------	-------------

21 APR -5 PH 4 Photos Action <u>Name</u> Title <u>Address</u> 1709 Golden Lake Loop, St. Augustine, FL 32080 Peggy Larson **AMBR** □Remove \_\_\_\_\_ □Add \_\_\_\_\_ □Remove DAdd \_\_\_\_\_\_ \_\_ \_\_ Remove \_\_\_\_\_ Change \_\_\_\_\_\_ □Add \_\_\_\_\_ □Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	77 -5 PH 4: 05
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records	2 ) Pursuant to 605 0207 /3Vb)
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b). To exert is filed.	he 90th day after the
Sign. Girdo Semethber or authorized representative of a member  Page 1 Son Typed or printed name of signee	
Typed or printed thank of signee	