## L21000128858

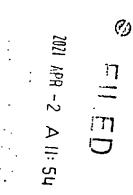
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## COVER LETTER

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SUBJEC		licken & W	ilson, PLLC						
SUBJEC	· I ·		Name of Lin	nited Liability Co	mpany				
The enclo	osed A	rticles of A	mendment and fee(s) are sub	omitted for filin	Ē-				
Please re	turn al!	l correspon	dence concerning this matter	to the followin	g:				
			Timothy C. Wilson						
				Name of	Person				
	Glicken & Wilson, PLLC								
Firm/Company									
1720 Edgewater Drive, Suite B									
Address									
Orlando, FL 32804									
City/State and Zip Code									
			davidglicken@glickenlawfi E-mail address: (		ure annual rep	ort notification)	<del></del>		
For furthe	er info	rmation cor	ncerning this matter, please c		•				
Timothy	C. Wil	son		407					
		Name of I	Person	at ( Area	) Code	Daytime Telepho	ne Number		
Enclosed	is a ch	eck for the	following amount:						
<b>■ \$25.0</b>	00 Filir	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 F Certified (additional			Certified C	of Status &	
I I	Regist Divisi P.O. E	g Address: tration Se on of Coi Box 6327 nassec, FI	rporations		Division of The Centr 2415 N. M	ress: on Section of Corporation e of Tallahas Monroe Street ee, FL 32303	see .	2021 APR -2 A II:	® □ILED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Glicken & Wilson, PLLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000128858</u>	were filed on March 18, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET ADDRESS)		
		<del></del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		<b>e</b> s
hereby accept the appointment as registered agent and agrowisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is
company has been notified in writing of this change.		· > /17
		<b>≒ D</b>
If Cha	nging Registered Agent, Signature of N	New Registered Agent
ii Chai	iging ivegistered Agent, <u>Signature of r</u>	ten Registeren 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Timothy C. Wilson	1720 Edgewater Dr Suite B	
		Orlando, FL 32804	■Remove
			Change
AMBR	Timothy C. Wilson	1720 Edgewater Dr Suite B	<b>=</b> Add
		Orlando, FL 32804	□ Remove
		<del> </del>	□Change
	<del></del>		□ Add
			Remove
			□Change
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		<del></del>	Remove
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		1 10 2021				
ctive date, if other than the	date of filing:	rch 18, 2021		(optional)		
effective date is listed, the date mus :: If the date inserted in this bl						
iment's effective date on the D						Ø,
				3	2021	
ord specifies a delayed effectiv	e date, but not an eff	ective time, at 12:0	l a.m. on the earlier	of: (b) TI	he 90 <u>th</u> da	y after-ji
filed.				ė	, x	-
March 30	202	1		٤.	-2	
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