## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H210002221183)))



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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : TODD D. KAPLAN Account Number : I20130000030 : (941)907-0006 Phone : (941)487-5371 Fax Number

\*\*Enter the email address for this business entity to be used fo annual report mailings. Enter only one email address please Email Address: TKAPLAN@ICARDMER

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GLLC SERVICES LLC

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## **COVER LETTER**

(((H21000222118 3)))

TO: Registration Section Division of Corporations		
SUBJECT: GLLC Services LLC	ted Liability Company	<del></del>
148LIB Of Frien	too Easting Company	
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence concerning this matter		
Todd Kaplan	Name of Person	<del>.</del>
Icard, Merrill, Cullis, Time	m, Puren & Ginsburg PA  Firm/Company	
8470 Enterprise Cir Ste 20	Address	
Lakewood Ranch, FL 342	02	
	City/State and Zip Code	
tkaplan@icardmerrill.com E-mail address:	to be used for future annual report notifi-	cation)
For further information concerning this matter, please of	pall:	
Todd Kaplan	at (941 ) 907-0006 Area Code Dayrimo	Poloskana Morahar
Name of Person	Area Cods Daytime	Telephone Number
and the fallening emotion		
Enclosed is a check for the following amount:  \$\Boxed{\text{\$\subseteq}}\$ \$25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is anclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810

(((H21000222118 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H21000222118 3)))

GLLC Services LLC (Name of the Limited Liability Company (A Florida Limited Lia	bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on May 13, 2021	and assigned
Florida document number <u>L21000222633</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		95_
		A
Enter new mailing address, if applicable:		- S≥ 1 η
(Mailing address MAY BE A POST OFFICE BOX)		# LE
		<b></b>
B. If amending the registered agent and/or registered office a	ddress on our records, <u>er</u>	iter the name of the new textaces so
agent and/or the new registered office address heres		<b>≽</b> €1
Name of New Registered Agent:		
New Registered Office Address:		J
New Kenstered Ortice Manager.	Enter Florida street a	
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	<b>-</b>	
		. I further agree to comply with the
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	Therefore	KAS F.S. OF IT ING GOCHMENT W

(((H21000222118 3)))

If Changing Registered Agent, Signature of New Registered Agent

(((H21000222118 3)))

If smending 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

Title	Name	Address	Type of Action
MOR	GLLC Holding Co.	3583 Recurve Circle	<b>\(\begin{align*} \text{Add} \end{align*}</b>
		Sarasota, FL 34240	□Remove
			□ Change
MOR	Ashley Gabbert	3583 Recurve Circle	DAdd
		Sarasota, FL 34240	■Remove
			□ Change
AMBR	Manhew Gabbert	3583 Recurve Circle	□Add
		Sarasota, FL 34240	ERemove
			□ Change
AMBR	Erica Amadori	3583 Recurve Circle	
		Sarasota, FL 34240	BRemove
			DChange
			□Add
			DRemove
			Change
<del></del>			
			□Remove
			□ Change

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ocumen	he date inserted in this block does not meet the applicable statutory filing requirements, this is effective date on the Department of State's records.	date will	not be	listed
			2021	
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	Signature of a member or authorized representative of a member	<b>D</b>	<del>CT</del>	-

Filing Fee: \$25.00