L21000236959

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TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

GLS CONCIERGE CLEANING AND DECOR SERVICES 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: MYREL SURIN Name of Person GLS CONCIERGE CLEANING AND DECOR SERVICES LLC Firm/Company 11983 TAMIAMI TRAIL N SUITE 130 Address NAPLES, FL 34110 City/State and Zip Code MGOLLAB50@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MYREL SURIN Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, **■ \$30.00 Filing Fee &** □ \$55.00 Filing Fee & ☐ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tailahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company	were filed on <u>05/21/2021</u>	and assigned
Florida document number L21000236959		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
GLS CLEANING SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11983 TAMIAMI TRAIL N	SUITE 130
(Principal office address MUST BE A STREET ADDRESS)	NAPLES, FL 34110	E 2
		7 R 7
Enter new mailing address, if applicable:	11983 TAMIAMI TRAIL N	
(Mailing address MAY BE A POST OFFICE BOX)	NAPLES, FL 34110	
		ORED S
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	er the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	
	Enter r torida street addr	.ess.
	, I	F lorida Zip Code

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.

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
			□Add
		-	□Remove
			Change
			□Add
			□Remove
			Change
	··		□Add
			□Remove
			□Change
	4-7-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		□Add
			Remove
			□ Change
			□Add
			□Remove
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		_	□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional)
(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.) Pursuant to 605.0207 (3)(b) _ (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated ___ APRIL 25 2024 Signature of a member or authorized representative of a member MYREL SURIN Typed or printed name of signee

Filing Fee: \$25.00