LZ1000246913

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
]

Office Use Only



06/14/21--01020--006 **25.00

2021 JUL 28 PH 3: 31 SECRETARY OF STATE TALLAHASSEF, FI



COVER LETTER

SHRIECT:	Clenti Enterprise	es LLC.	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Quadary	Name of Person	
	Glenti i	Enterprises UC	 -
	Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations Co. Box 6327 Certificate of Status Certificate		
	Tampa,	Florida 33619	
	sale a ale	ntienteroxica	
	E-mail address: (1	o be used for future annual report notif	ication)
For further information con-	cerning this matter, please ca	III:	
Quadary 1	woods	at (<u>813</u>) <u>393 - 12</u> Area Code Daytime	260 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec	ction		tion
Division of Cor		Division of Corp	porations
P.O. Box 6327 Tallahassee, FL	32314		allahassee Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Glenti Enterprises LIC	シ	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L21000246913</u>	ere filed on May 26 2	2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7021 SEC TA
(Principal office address MUST BE A STREET ADDRESS)		
_		7.70 20 9
		229
Enter new mailing address, if applicable:		50 w D
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
P. If amonding the positional area to the second se		
B. If amending the registered agent and/or registered office adorgent and/or the new registered office address here:	dress on our records, <u>enter the</u>	e name of the new registere
		1
Name of New Registered Agent:		i
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da
New Registered Agent's Signature if changing Designation 4 Assess	City	Zip Code

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 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

<u>Title</u>	Name	Address	Type of Action
MGR	Quadaryl K Woods	3714 Smith Tree Street	
		Tampa, Florida 33619 United States	□Remove
		United States	[F] Change
			□Add
			□Remove
			□Change
			F 122Add
		S. S. A. S.	Remove
		200 E	202Add JUL DRemidit
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			O.C.

									
		_	• • •					<u>.</u>	
		_							
									
				 		<u> </u>			
			•••					•	
									
					_		<u>çş</u>	202	
				_			A C		ورتت
							I A	UL 2	\$ []
				_			33	œ	(Ferresa
							SES	<u> </u>	
				 			77	ယ္ .	
							m <u> </u>		
				_		·		-	
				 _					
and a second									
f an effective date is	f other than the dat s listed, the date must be s	specific and	cannot be pr	ior to date of	filing or more th	(o _l an 90 days a	otional) fter filing.	.) Pursua	nt to 605.01
<u>Note:</u> If the date locument's effect	inscrted in this block tive date on the Depar	does not manners	eet the app tate's recon	licable statu ds.	tory filing req	uirements,	this date	will no	t be listed
record specifies d is filed.	a delayed effective da	te, but not	an effective	time, at 12	:01 a.m. on th	e earlier of	(b) Th	ie 90th (day after tl
Dated	July 21		202	<u> </u> .					
	(Ol)	l A	< 11	A	esentative of a r				
		Tilles acres.	ورد من مساودا الا	Theripad	and appropriate the second of the				

Filing Fee: \$25.00