

K21 000 319928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

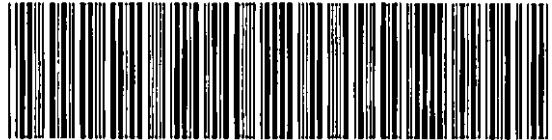
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400372673394

09/01/21--01013--011 **25.00

FILED
2021 SEP -1 PM 8:01
SECRETARY OF STATE
TALLAHASSEE, FL

SEP 14 2021

GLT, LLC.
817 South 9th Ave.
Wauchula, FL 33837

August 30th, 2021

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Ref.: **GLT, LLC**

Dear Sirs,

The enclosed manager resignation and fees are submitted for filing.

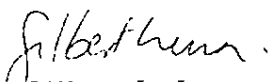
Please return all correspondence concerning this matter to the following address:

GLT, LLC.
817 South 9th Ave.
Wauchula, FL 33837

We only need to add "JR" to the current AMBR listed under authorized person.

For further information concerning this matter, please contact Gilbert L. Luna Jr. at (863)
832-0880

Very truly yours,


Gilbert L. Luna Jr

2021 SEP - 1 PM 8:01

FILED

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

GLT, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/13/2021 and assigned
Florida document number L21000319928.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

, Florida

City

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	GILBERT L. LUNA JR.	817 SOUTH 9TH AVE. WAUCHULA, FL 33837	<input type="checkbox"/> Add
	(Adding "JR" to the current listed authorized person)		<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 SEP - 1 PM 8:00
FILED
NOT RECORDED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

We just need to add "JR" to the current listed authorized person.

F. Effective date, if other than the date of filing: _____ (optional)

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)

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 August 30th, 2021

Gilbert Luna

Signature of a member or authorized representative of a member

GILBERT L. LUNA JR.

Typed or printed name of signee

Filing Fee: \$25.00