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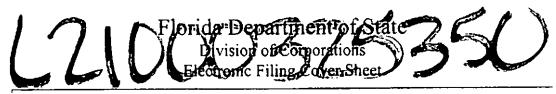
13:54 PM

TO:18506176383

FROM: 4073703120

11/24/21, 10:42 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 Phone : (407)370-3686 : (407)370-3120 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ••

Email Address: MAYRA(Q) argonacc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GLG OPPORTUNITY LLC

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## **COVER LETTER**

TO: Registration Se Division of Cor					
	ORTUNITY LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	CAROLINE LARSON				
	Name of Person				
	INTERNATIONAL DIVI	SION BY LARSON LLC			
	Firm/Company				
	7901 KINGSPOINTE PKWY STE 15				
		Address			
	ORLANDO, FL 32819				
		City/State and Zip Code			
	mayra@larsonacc.com  E-mail address: (	to be used for future annual repor	rt notification)		
For further information of	oncerning this matter, please c				
CAROLINE LARSON		407 370368	36		
Name o	f Person	at () Area Code D	Paytime Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Addre			
Registration Section Division of Corporations		Registratio Division of	n Section f Corporations		
P.O. Box 6327			The Centre of Tallahassee		

Tallahassec, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 DEC -1 PM 2: 48
SCONLIANY OF STATE
TALLAHASSEE, FLORIDA

GLG OPPORTUNITY LLC

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

(A Florida Limited Liability Company)

	(A rionga Limited	Liaointy Company)	> ∞
The Articles of Organization for this Limited I		y were filed on 07/16/2021	and assigned
Florida document number L21000325350	·		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited lial	pility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, enter the n	ame of the new registe
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
		_, Florida	
		City	Zin 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

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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
AMBR	Laisa Lins Tubini	RUA SANTO EGIDIO 55 APT 161	<b>=</b> Add
		SANTO ANDRE, SP 09041-220 BR	□ Remove
			Change
			🗆 Remove
			Change
			□ Remove
			Change
			□Add
		□Remove	
			Change
			□Remove
			□Change
		□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) 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. Signature of a member or authorized representative of a member Giancarlo Tubini Typed or printed name of signee

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12/1/2021

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