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TO:	Registration So Division of Cor		n Ministra	- 	
		EST C-203 LLC	•		
SUBJ	ECT:	Name of Lin	ited Liability Company		
The er	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Robert Jones			
			Name of Person		
		GLEN CREST C-203 LLC	•		
			Firm/Company		
		7924 Starfire Way			
			Address	 	
		New Port Richey, FL 3465	54		
			City/State and Zip Code		
		glencrestcondos@gmail.com			
For fu	rther information c	n-man address; (oncerning this matter, please c	to be used for future annual report no all:	outication)	
Rober	t Jones		786 250-2263		
	Name o	f Person		me Telephone Number	
Enclos	sed is a check for the	he following amount:			
≘ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres		Street Address:	action	
Registration Section Division of Corporations		_	Registration Section Division of Corporations		
	P.O. Box 632	:7	The Centre of	-	
	Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLEN CREST C-203 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 August 2, 2021 and assigned Florida document number 1.21000347536 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Glen Crest Condos LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 7341 Como Drive Enter new principal offices address, if applicable: New Port Richey, FL 34655 (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 __

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.

City

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>	Address	Type of Action
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			Change
			□Add
		<u> </u>	☐Remove
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ffective date, if other than the an effective date is listed, the date in sorte: If the date inserted in this ocument's effective date on the	block does not mee	t the applicable s	of filing or more than tatutory filing requ	(optional) 190 days after filing.) Purs rements, this date will (uant to 605,0207 (not be listed as t
e record specifies a delay The 90th day after the re	ed effective date ecord is filed.	e, but not an	effective time,	et 12:01 a.m. on t	he earlier of:
ated April 21	. :	2022			
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Typed or printed name of signee