L210003504129

(Re	equestor's Name)	
(Ac	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		





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COVER LETTER

TO: Registration So Division of Co				
GL EVEN	TS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
·				
	Amendment and fee(s) are sub	·		
Please return all correspo	ondence concerning this matter	to the following:		
	EDUARDO E GONGORA	A		
		Name of Person		
	GL EVENTS LLC			
		Firm/Company		
	4303 42ND AVE NORTH	ST		~
		Address	. 1915 1925 1935	2021 SEP -1
	PETERSBURG, FL 33714	ı.	A 17	ξĘP.
		City/State and Zip Code		1
	eddyenrique85@yahoo.com		နှုန်င် ကျင်း	
	E-mail address: (to be used for future annual report notification)	- 1 <u>- 1 - 1</u>	9: 00
For further information of	concerning this matter, please co	all:	1.1	5
EDUARDO E GONGO	RA	772 488-5097		
Name o	of Person	at () Area Code Daytime Telephone Number		
Enclosed is a check for the	_			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &	
Mailing Addres		Street Address:		
Registration S		Registration Section		
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GL EVENTS LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 8-27-2001	and assigned
Florida document number L21000350429		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	hility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		021 178
		E S E
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		(C) - (1)
		co C
	·	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	· (~)
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	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 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
MGR	EDUARDO E GONGORA	4303 42ND AVE NORTH ST	□Add
		PETERSBURG, FL 33714	□Remove
			■Change
M	TAYLOR MEREDITH	4303 42ND AVE NORTH ST	□Add
		PETERSBURG, FL 33714	□Remove
			≡ Change
AMBR	JOHNNY F VAZQUEZ, SR	2537 STOCKBRIDGE SQUARE SW	□Add
		VERO BEACH, FL 32969 UN	= Remotive
			Change !!
			□ Addep co co □ Remove
			Change
			□ Add
			□Remove
			□ Add
			□Remove
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