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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SALVATORI LAW OFFICE, PLLC

Account Number : I20170000055 Phone : (239)308-9191 Fax Number : (239)552-4185

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

Email Address: LIS@SALVATORILLEGAL

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GLEN LAKE'S COMMONS LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLEN LAKE'S COMMONS LLC					
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our re- Limited Liability Company)	cords.)		<del></del>	
The Articles of Organization for this Limited Liability Co	ompany were filed on AUGUST 25,	2021	a	ınd assign	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ted liability company here:				
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "	LLC" or the	e abbrevia	tion "L.L.C	•••
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	PESS)				
		_			
Euton many mailing address of applicables					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)			_		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	l office address on our records, <u>en</u>	ter the n	ame of t	he new re 202	<u>egiste</u>
Name of New Registered Agent.			; <b>-</b> <u>[2]</u>	AUG _	
New Registered Office Address:	Enter Florida street ad	dress		<b>1-1</b>	
	Cin·	Florida			⊃ <u>`</u>
New Registered Agent's Signature, if changing Registered	ŕ			£.	,
I hereby accept the appointment us registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties gent as provided for in Chapter 60	, and I a. 95, F.S. C	m famili )r, if thi:	ar with a s docume	ınd

If Changing Registered Agent, Signature of New Registered Agent

12397900903

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

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	WINFIELD, CLAY O	10001 TAMIAMI TRAIL NORTH, SUITE 205	□ Add
		NAPLES, FL 34108	\exists Remove
		<del></del>	Change
MGR	WBDC, INC.	10001 TAMIAMI TRAIL NORTH, SUITE 205	<b>T</b> Add
		NAPLES, FL 34108	□Remove
			□Change
MGR	GOMEZ, BOB	13904 NORTH BOULEVARD	DAdd
		TAMPA, FL 33613	=Remove
			Change
MGR	SITE TO KEY SERVICES, INC.	13904 NORTH BOULEVARD	■∧dd
		TAMPA, FL 33613	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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record spe	ecifies a delayed eff	ective date, but n	of an effective fil				
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