

h21 000382839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

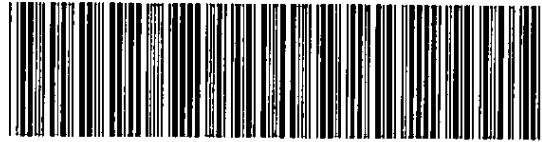
(Document Number)

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09/27/21--01021--004 \$25.00

21 SEP 27 PM 12:17

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Add A MANAGER AND Change Address  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GETULIO D de OLIVEIRA  
Name of Person

GLN Fingers SERVICES LLC  
Firm/Company

536 ORANGE DR UNIT 12  
Address

ALTAMONTE SPRINGS FL 32701  
City/State and Zip Code

glnservicesllc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GETULIO D de OLIVEIRA at (407) 8600818  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

21 SEP 27 PM 12:17  
GLN FINGERS SERVICES 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 08/26/2021 and assigned  
Florida document number L21000382839

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)**

536 ORANGE DR  
UNIT 12  
ALTAMONTE SPRINGS FL 32701

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

536 ORANGE DR  
UNIT 12  
ALTAMONTE SPRINGS FL 32701

**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:

de OLIVEIRA, Getulio D

New Registered Office Address:

536 ORANGE DR UNIT 12

Enter Florida street address

ALTAMONTE SPRINGS Florida 32701

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

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21 SEP 21 FILE

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR GETÚLIO D de OLIVEIRA 536 Orange dr unit 12 ☒ Add  
ALTAMONTE Springs 32701

☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

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

21 SEP 27 PM 12: 17

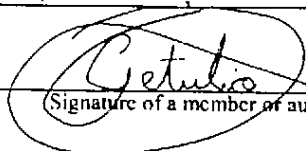
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

Dated 09/17/2021



(Signature of a member or authorized representative of a member)

Getulio D de OLIVEIRA

Typed or printed name of signee