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COVER LETTER

	Registration Se Division of Cor					
SUBJEC	50 GL Acq	uisition, LLC				
SUBJEC	T:Name of Limited Liability Company					
The enck	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	turn all correspo	ndence concerning this matter	to the following:			
		Alicia Dominguez				
			Name of Person			
		B&L Management Group				
			Firm/Company			
		2937 SW 27th AVe Suite	202			
	Address Miami FL 33133					
		City/State and Zip Code				
		ado@bgroupco.com				
r e a			to be used for future annual report not	ification)		
ror turtne	er information co	oncerning this matter, please c	all:			
Alicia Do	ominguez		305 6316660 at ()	_		
	Name of	f Person	Area Code Daytin	ne Telephone Number		
Enclosed	is a check for th	ne following amount:				
□ \$25.0	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)		
I	Mailing Address Registration S	Section	Street Address: Registration Se			
Division of Corp		orporations	Division of Cor	porations		

P.O. Box 6327 Tallahassee, FL 32314

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

50 GL Acquisition, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 09/07/2021	and assigned
Florida document number <u>L21000397216</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		7.00
		9
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Par II
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		. ၁۱
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
	Circ	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

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	50 GL Management, LLC	2937 SW 27th Ave Suite 202	= Add
		Miami FL 33133	□Remove
			□Change
MGR	B&L Managemenet Group	2937 SW 27th Ave Suite 202	
		Miami Fl. 33133	■Remove
			Remove
			□Change
			□Add
		·	□Remove
			□Change
		*	
			□Remove
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			□Add
			□Remove
			□Change

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	5.1	
		Typed or printed name of signee

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