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ÇOVER LETTER

TO:

Registration Section

Division of Cor	porations		
subject: Glan	npfire LL		
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Eric Fede	Name of Person	
	Ascend C	aptal Partn	ers, UC
	EDMOD TO	MORS CROSCL	nt dr. STE 1700-
		A 22812 City/State and Zip Code	
	E-mail address: (1	o be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
ERIC Fector Name o	f Person	at (<u>–</u> 43) <u>– 982 (</u> Area Code Daytime	C Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 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 Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	=	Division of Cor The Centre of T	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Zip Code

The Articles of Organization for this Limited Liability Comp Florida document number <u>L 220002124</u>	
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 I	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)	371860 Kings Ferry Ros
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	371860 Kings Ferry Rd Hilliard, FL, 32046
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: ERic New Registered Office Address: 371	Federal 860 King's Ferry Road Enter Florida street address
Hillia	Rd Florida 32046_

City

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

New Registered Agent's Signature, if changing Registered Agent:

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	ERIC FRIEWA	371860 Kings Ferry Hilliard, FL, 32046	Rodd, □Add
		Hilliard, FL. 32046	□Remove
			ZÎChange
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an effectiv	ve date is listed, the date inserte	r than the date the date must be sed in this block of the on the Depart	pecific and co loes not med	innot be prior t at the applica	io date of filing	g or more than filing requir	(optio 90 days after ements, this	īling.) Pursuant	to 605.0207 be listed as
record sp Lis filed.		yed effective dat	e, but not ar	n effective tir	ne, at 12:01	a.m. on the c	arlier of: (b)	The 90th da	y after the
ated <u>C</u>	3/11/	2022	,		<u> </u>				
		Sign	ature of a me	nuber or autho	rized represer	native of a me	mber		