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(Re	questor's Name	e)
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Certified Copies	Certificat	es of Status
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Special Instructions to	Filing Officer:	
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	•	J. HORNE
		J. HORNE JUL 1 1 2024
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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Gliter	- 11 C		
SUBJECT: OTTO	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Ricardo	Javier Ponce Name of Person	
	G1i	Firm/Company	
	601 NE 3	Address	
		FL, 33137 City/State and Zip Code	
		•	
	E-mail address: (spach agnail. com	tification)
For further information co	oncerning this matter, please ca	all:	
Ricardo Pa	Person	at (<u>305</u>) <u>878 -</u> Area Code Daytir	- 788 7
raine o.			
Enclosed is a check for th	e following amount:		
X \$25.00 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)
Mailing Address		Street Address: Registration S	ection
Registration S Division of Co		Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassec, F	L 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLITER LLC	7/3:4	<u>5_</u>
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) Jiability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22 Coo 217261</u> .	were filed on <u>May 09, 2022</u> a	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
GLITTR LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:	601 NE 36 ST Apt 1802	
(Principal office address MUST BE A STREET ADDRESS)	601 NE 36 St Apt 1802 Miami, FL, 33137	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of t	he new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zi _I	r 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
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n eii	ective date is in	sied, the date musi	i be specific and cann	iot de prior to dat	e of filing or m	ore than 90) days af nents -t	ter filing.) Pursuant to 605.0 his date will not be listed
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rec	ord specifi	ies a delayed	effective date	, but not an	effective t	ime, at	12:01	a.m. on the earlier
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			Signature of a member of a mem	er or anthorized	representative	e of a mem	oer	