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## **COVER LETTER**

TO:	Registration Se Division of Con			
ŠURJE	ECT:	GL	OWNET LLC	
		Name of Lin	nited Liability Company	
The en-	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		DAN	NIELADOLFO NARVAEZ	MARIN
		_	Name of Person	
		_	Firm/Company	
		57	729 BENT PINE DR APT (	202
			Address	ري ا ا ا
			ORLANDO - FLORIDA 32	0022
		CO	City/State and Zip Code NTACT@GLOWNETBM.0	COM
For fue	ther information c	E-mail address: (oncerning this matter, please c	to be used for future annual reports	port notification)
i or ital		LFO NARVAFZ MARIN	ши. 	917-615-4269
	_	f Person	at () Area Code	Daytime Telephone Number
Enclose	ed is a check for the	he following amount:		
□ \$2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address Registration S			on Section
	Division of C P.O. Box 632			of Corporations
	Tallahassee, 1			re of Tallahassee Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOWNET LLC

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number		05/23/2022	2023 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>re</u> :	= -/
GLOWNET BUSINESS & MULTISERVICES LLC			£
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	5729 BENT PIN	E DR APT 202	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO - FL	ORIDA	
	ZIP CODE 3282	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:		cords, <u>enter the nam</u> FO NARVAEZ MARIN	
New Registered Office Address:	5729 BENT I	PINE DR APT 202	
	Enter Floria	da street address	
	ORLANDO	. Florida	32822
	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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an effective da lote: If the d	e, if other than the date of the is listed, the date must be spec- ate inserted in this block doe fective date on the Departme	rific and cannot be prior es not meet the applic	to date of filing or meable statutory filing	ore than 90 days after t	iling.) Pursuant to 605.02	
record specif I is filed.	ies a delayed effective date, l	out not an effective t	ime, at 12:01 a.m. (	on the earlier of: (b)	The 90th day after th	he
	January 03	2023				
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Typed or printed name of signee