

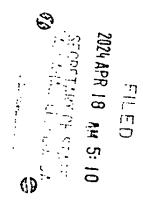
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration of	n Section Corporations		
SUBJECT: RU	3e GloLLC		
	Name of Lim	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corr	espondence concerning this matter	to the following	
	Rosefte	y Hourris	
		Name of Person	
	4030 G	lo LLC	
		Firm/Company	•
	1193 Deevloo	of Point Cir. Unit	
	JOLKSonville, MSVOSEHOUTE E-mail address:	FL 3215U City/State and Zip Code 50 9 Maul Com to be used for future annual report noti	(fication)
For further informat	on concerning this matter, please co	all:	
Roselton A	Me of Person	at (<u>904</u>) <u>894 -</u> Area Code Daytim	9547 ne Telephone Number
Enclosed is a check	for the following amount:		
☐ \$25.00 Filing Fo	ce ∠≊*\$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:
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

any as it now appears on our records.) Liability Company)
were filed on $5-24-2022$ and assigned
Servilles LLC ility Company," the designation "LLC" or the abbreviation "L.L.C."
7193 Deer Poot point eir. Unit 1 Jacksonville, FL 32251e
Same as principal.
: 3
address on our records, enter the name of the new registered
18 18 1
ta Harris
Enter Florida street address (1)
7VIUL , Florida 3225 Co 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 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
			□Add
			□Remove
			□ Change
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Tective date, if other than effective date is listed, the date: If the date inserted in the cument's effective date on	ate must be specific ar this block does not	nd cannot be prior meet the applica	to date of filing or mo		ling.) Pursuant to 605.020
cord specifies a delayed ef s filed.	ffective date, but no	ot an effective tii	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
ed 4-15-	_	, 2024	<i>l</i> <i>≤</i> ·		
	20	>		,	
	Signature of a	member or autho	rized representative of	f a member	