## L22000259427

| (Requestor's Name)                      |  |  |  |  |
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|   |  |  |  |  |
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (Audiess)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
|   |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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## **COVER LETTER**

| TO: Registration So                           |   | V   | •  |
|---|---|---|--|
| Division of Cor                               | porations                                       | •   | ч  |
| Glènn Capi                                    | tal LLC   |   |  |
| SUBJÉCT:                                      | Name of Lin                                     | nited Liability Company   | <u> </u>   |
|   |   | ,, .,   |  |
| The enclosed Articles of                      | Amendment and fee(s) are sub                    | omitted for filing.   |  |
| Please return all correspo                    | ondence concerning this matter                  | to the following:   |  |
|   | CORTNEY GLENN                                   |   |  |
|   | <del></del>                                     | Name of Person  |  |
|   | GLENN CAPITAL LLC                               |   |  |
|   |   | Firm/Company  | <del></del>  |
|   | PSC 78 BOX 1306                                 |   |  |
|   |   | Address   |  |
|   | APO, AP 96326                                   |   |  |
|   |   | City/State and Zip Code   | <del></del>  |
|   | glenncapitalventures@gmai                       |   |  |
|   | E-mail address: (                               | to be used for future annual report noti  | fication)  |
| For further information e                     | oncerning this matter, please c                 | all:  |  |
| Devron Glenn                                  |   | 305 988-9341  |  |
| Name of Person                                |   | at ()<br>Area Code Daytim   | e Telephone Number   |
|   | 8 H   |   |  |
| Enclosed is a check for th                    | ne following amount:                            |   |  |
| ■ \$25.00 Filing Fee                          | ☐ \$30.00 Filing Fee &<br>Certificate of Status | <ul> <li>\$55.00 Filing Fee &amp;<br/>Certified Copy<br/>(additional copy is enclosed)</li> </ul> | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
|   |   |   |  |
| Mailing Address:                              |   | Street Address:   |  |
| Registration Section Division of Corporations |   | Registration Se   |  |
| P.O. Box 6327                                 |   | Division of Corporations The Centre of Tallahassee  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Glenn Capital LLC   |  |                                |
|---|--|--------------------------------|
| ( <u>Name of the Limited Liability Com</u><br>(A Florida Limited  | pany as it now appears on our record<br>I Liability Company) | <u>s.</u> )                    |
| The Articles of Organization for this Limited Liability Compar  | y were filed on 06/06/2022                                   | and assigned                   |
| Florida document number 1.22000259427   |  |                                |
| This amendment is submitted to amend the following:   |  |                                |
| A. If amending name, <u>enter the new name of the limited lia</u>   | ability company here:  |                                |
| The new name must be distinguishable and contain the words "Limited Lia   | bility 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)   |  |                                |
|   |  |                                |
|   |  |                                |
| Enter new mailing address, if applicable:   |  |                                |
|   |  |                                |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |                                |
|   | -  | <u> </u>                       |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our records, <u>enter</u>                       | the name of the new register   |
| Name of New Registered Agent:   | <del> </del>   |                                |
| New Registered Office Address:  |  |                                |
|   | Enter Florida street addres.                                 | S.                             |
|   | . Fle  | orida                          |
|   | 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, 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>   | <u>Address</u>                  | Type of Action |
|--------------|---------------|---------------------------------|----------------|
| MGR          | DEVRON GLENN  | 1150 NW 51ST ST MIAMI, FL 33127 | □Add           |
|              |               |                                 | Remove         |
|              |               |                                 | □Change        |
| AMBR         | DEVRON GLEN   | 1150 NW 51ST ST MIAMI, FL 33127 | ■Add           |
|              |               |                                 | 🗆 Remove       |
|              |               |                                 | □ Change       |
| MGR          | CORTNEY GLENN | 1150 NW 51ST ST MIAMI, FL 33127 | ■ Add          |
|              |               |                                 | □Remove        |
|              |               |                                 | □ Change       |
|              |               |                                 | 🗆 Add          |
|              |               |                                 | □Remove        |
|              |               |                                 | □ Change       |
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|              |               |                                 | □Change        |
|              |               |                                 | □Add           |
|              |               |                                 | □Remove        |
|              |               |                                 | FiChanna       |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated \_\_\_\_\_\_ Signature of a member or authorized representative of a member CORTNEY GLENN Typed or printed name of signee