## L23000034700

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(A	Address)
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(C	Pocument Number)
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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Glendale Advisors LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mathan Servidio
Glandale Advisors LLC
12427 Dogleg Drive
Baynton Blach FL 33437 City/State and Zip tode
E-mail address: (to be used for future enhual report notification)
For further information concerning this matter, please call:
Mathan Servidio at (401) 529-4654  Name of Person Daytime Telephone Number
Carle of Cooking Cooki
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:  Registration 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 8107 Street Str

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gleni	dale Advisors LLC
(Name of the Limit	ited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)
The Articles of Organization for this Limited L Florida document number <u>L33</u> <b>©</b> 00	Liability Company were filed on 1/18/23 and assigned 2034700
This amendment is submitted to amend the foll	lowing:
A. If amending name, enter the new name o	of the limited liability company here:
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:
(Principal office address MUST BE A STREE	ET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)
B. If amending the registered agent and/or ragent and/or the new registered office addre	registered office address on our records, <u>enter the name of the new registered</u> ess here:
Name of New Registered Agent:	Nathan Servidio
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing	
provisions of all statutes relative to the propaccept the obligations of my position as regi	red agent and agree to act in this capacity. I further agree to comply with the per and complete performance of my duties, and I am familiar with and existered agent as provided for in Chapter 605, F.S. Or, Philis document is registered office address. I hereby confirm that the limited liability is 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>	Name	<u>Address</u>	Type of Action
			□Remove
			□ Change
			□Add
			□Remove
			□Remove
			□ Change
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			□ Chanan

The or needed	d is the	int (corraction first name	<u> </u>	
Shou!	d be Nath	ran, not r	late.	
Note: If the date inserted in the document's effective date on the document's effective date of the	the date of filing:  te must be specific and cannot be prior to his block does not meet the applical the Department of State's records.	o date of filing or more than 90 days afte ble statutory filing requirements, th	is date will not be listed	as
rd is filed. Dated	Vardh / Sili		工工 一 實	
	Signature of Ameriber or author	rized representative of a member	PH NSSET	ij

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00