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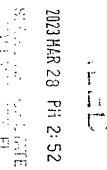
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COVER LETTER

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Tallahassee, FL 32314

TO: Registration So Division of Con			
GL McMil			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Katelny Wonsock		
		Name of Person	
	GL McMillin LLC		
		Firm/Company	
	1849 Log Ridge Trail		
		Address	
	Tallahassee, FL 32312		
	kwonsock@cricpa.com	City/State and Zip Code	
	= '	to be used for future annual report not	ification)
For further information of	concerning this matter, please ca	ull:	
Katelyn Wonsock		904 874 - 9859	
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration by Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GL McMillin LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on $\frac{2/28/2023}{}$	and assigned
Florida document number L23000106751	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
		<u> </u>
		73 H
Enter new mailing address, if applicable:		HAR
(Mailing address MAY BE A POST OFFICE BOX)		28
		70 h.
		111 5
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, :	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		Florida
	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>	Address	Type of Action
MGR	Gregory L McMillin	6743 TIM TAM TRAIL	Add
		TALLAHASSEE. FL 32309	□Remove
			□Change
AP	Katelyn Wonsock	1849 LOG RIDGE TRAIL	□Add
		TALLAHASSEE. FL 32312	□Remove
		· 	2023 Change SECTION TALL TALL TALL TALL TALL TALL TALL TAL
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		2/15/2022			
fective date, if other that an effective date is listed, the date	n the date of filing	3/15/2023 g:	date of filing or more t	(optional) han 90 days after filing.) I	oursuant to 605,0207 (
ote: If the date inserted in ocument's effective date on	this block does not n	neet the applicabl			
record specifies a delayed e is filed.	ffective date, but not	an effective time	, at 12:01 a.m. on th	ne earlier of: (b) The	90th day after the
March 15		2023			
nea .		` 	•		

Typed or printed name of signee