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DATE:

03/23/2023

NAME: GLSAAD LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

ection rporations
GLSAAD LLC
Name of Limited Liability Company
Amendment and fee(s) are submitted for filing.
ondence concerning this matter to the following:
Scarlat F. Mujic Name of Person
C7LSAND LLC Firm/Company
11109 rifle Run Road
Jacksonville Florida 32225 City/State and Zip Code
Scarlatnujic @ amail. Com E-mail address: (to be used for fluture annual report notification)
concerning this matter, please call:
F. Mujic at (9°4) 703-7710 Area Code Daytime Telephone Number
he following amount:
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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 ORGANIZATION OF

LED

GLSAA	D LLC		1023 H 1R 23	
Name of the Limited Liability (A Florida	ty Company as it now and Limited Liability Compa	pears on our reco	rds.)	OF STATE
The Articles of Organization for this Limited Liability C	Company were filed on			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability compan	y here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company,"	the designation "LL	.C" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	<u> </u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on o	ur records, <u>ente</u>	r the name o	f the new registered
Name of New Registered Agent:	Scarlat	Firmo	Muji	<u>C</u>
New Registered Office Address:	og rifle	Run Florida street addr	Road	
<u>J</u>	acksonville City	, F	Norida <u>3</u>	2225 Zip Code
New Registered Agent's Signature, if changing Registere				-

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

MGR = Manager

AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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Effective date, if	other than the date	of filing:			(optional)	
(If an effective date is	listed, the date must be sp nserted in this block d	pecific and cannot b	e prior to date of fili applicable statuto	ng or more than 90 day	ys after filing.) Pursi us, this date will n	ment to 605.02 not be listed
document's effect	ve date on the Departi	ment of State's re	cords.	, , ,	•	
					6.43 89 004	
the record specifies a cord is filed.	delayed effective date	e, but not an effec	ctive time, at 12:0	i a.m. on the earlier	or: (b) the you	iday aiter to
Dated Narch	23		23			