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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Name Change

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COVER LETTER -

TO: Registration So Division of Cor			
	EATING AND COOLING SPE	CIALIST	
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:	
	KEITH GLAZE		
		Name of Person	
	GLAZE HEATING AND	COOLING SPECIALIST	
		Firm/Company	
	6344 POPLAR BLUFF CI	RCLE	
		Address	
	PEACHTREE CORNERS	GA 30092	
		City/State and Zip Code	20 5
	kglaze197420@gmail.com		
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please ca	all:	R 29
KEITH GLAZE		404 7833581	PH F
Name o	of Person	Area Code Daytime Telephone No	umber
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
Mailing Addres Registration S Division of C	Section Corporations	Street Address: Registration Section Division of Corporations	
P.O. Box 632	. /	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLAZE HEATING AND COOLING			
(Name of the Limited	d Liability Company as it now appears on our record A Florida Limited Liability Company)	<u>rdş.</u>)	
The Articles of Organization for this Limited Lia	bility Company were filed on onlo	and as	ssigned
Florida document number	13647		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liability company here:		
Glaze Rental Escapes LLC			
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LL	.C" or the abbreviation "I	"I"C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET			
			2:
Enter new mailing address, if applicable:		: : 3	924
(Mailing address MAY BE A POST OFFICE B			
maning datess mai be at our office b		. : .	29
			B [1]
B. If amending the registered agent and/or re	gistered office address on our records, <u>ente</u>	r the name of the ne	w_registered
agent and/or the new registered office address	herc:		 ယွ
		3 + 1	α
Name of New Registered Agent:			
New Registered Office Address:			<u> </u>
	Enter Florida street addre	ess	
		lorida	
	City	Zin Code	I.

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

	om our records:		
MGR = Mai AMBR = Aut	nager horized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove

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`an effe Note:	ve date, if other than the date of filing:
record Lis file	I 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 ed.
bated	3-26 2024 Wide My
-a.cu <u>.</u>	
· • • • • • • • • • • • • • • • • • • •	Signature of a member or authorized representative of a member