_23000248270

(Re	questor's Name)	·
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to f	Filing Officer:	
	Office Use Only	,

.

٠,



05/21/23--01024--001 **23.0





	C	ORPORAT ACCESS,	•		
		INC.		5 East 6th Avenue. Tallahassee, Florida 32303 5-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666	
				WALK IN	
			PICK UP	P: <u>GLINDA 6/21/23</u>	
		CERTIFI	ED COPY		
	xx	рнотос	OPY		
		CUS	-		
	XX	FILING	-	LLC AMEND	
1.		GLOGOWS	KI FAMILY HO	LDINGS, LLC	
		(CORPORATE NA	ME AND DOCUMENT	(#)	
2.		(CORPORATE NA	ME AND DOCUMENT	<pre></pre>	
3.		(CORPORATE NA	ME AND DOCUMENT	°#)	
4.		(CORPORATE NA	ME AND DOCUMENT	[*] #)	
5.		(CORPORATE NA	ME AND DOCUMENT	· #)	
6.		(CORPORATE NA	ME AND DOCUMENT	`#)	
	CIA TRU	L CTIONS:			

COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: Glogowski Family Holdings, 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:

Jeffrey S. Eannarino, Esq.

Name of Person

Eannarino Law, P.A.

Firm/Company

500 S. Australian Ave., Fifth Floor

Address

West Palm Beach, FL 33401

City/State and Zip Code

office@eannarinolaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey S. Eannarino, Esq.

Name of Person

at (561) Area Code 935-9024 Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

□ \$55.00 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 810 Tallahassee, FL 32303

Glogowski Family Holdings, LLC (<u>Name of the Limited Liability Company as it ne</u> (A Florida Limited Liability C	2023 JUN 21 Pril 1:25 ow appears on our records.) Sompany)
	ow appears on our records.) ompany)
he Articles of Organization for this Limited Liability Company were file	ed on <u>5/19/2023</u> and assigned
lorida document number <u>L23000248270</u>	••••••••••••••••••••••••••••••••••••••
his amendment is submitted to amend the following:	
-	
A. If amending name, <u>enter the new name of the limited liability com</u>	<u>apany here</u> :
he new name must be distinguishable and contain the words "Limited Liability Compa	any " the designation "I.F.C." or the abbreviation "I. T.C."
	Washington Blvd., Apt 1006
	mford, CT 06902
Inter new mailing address, if applicable:	Washington Blvd., Apt 1006
	mford, CT 06902
Mailing address MAY BE A POST OFFICE BOX) N. Star	

Enter Florida street address

West Palm Beach

_, Florida <u>33401</u> 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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

L+**

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

.

Title	Name	Address	Type of Action
AMBR	John Lumley	1450 Washington Blvd., Apt 1006	🛱 Add
		N. Stamford, CT 06902	🗆 Remove
			□Change
AMBR	John Lumley, as Trustee	Glogowski Family Trust	🛱 Add
		1450 Washington Blvd., Apt 1006	🗆 Remove
		N. Stamford, CT 06902	Change
AMBR	Antos Glogowski	305 Indian Road	🖸 Add
		Palm Beach, FL 33480	🛱 Remove
		<u></u>	🗆 Change
<u></u>			Add
			🗆 Remove
			🗆 Change
		··	🗆 Add
			🗆 Remove
			🗆 Change
	<u> </u>	<u></u>	🗆 Add
			🗆 Remove
			🗆 Change

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: May 19, 2023

. . : .

(If m 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) <u>Note:</u> 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 June 8	2023
	A Signature of a member of a uthorized representative of a member
Antos Glogow	ski
	Typed or printed name of signee