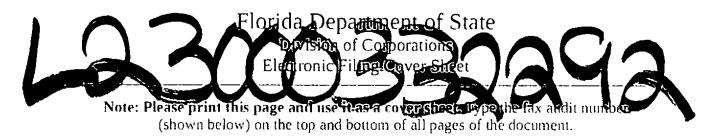
Fax: 8134361 Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GLOCINVESTMENT LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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From: Registered Agents Inc.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Glocinvestment LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/13/23}{1}$ _____ and assigned Florida document number ______ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _ City

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.

7/20/2023 #10;28;13 PDT

Tc: 18506176383

Page: 3/4

From: Registered Agents Inc

Fax: 813436

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	OVALLES CASTILLO, GUSTAVO A	7901 4TH ST N STE 300	
		ST. PETERSBURG, FL 33702	
			□Change
MGR	Gustavo Luis Ovalles Castillo	7901 4TH ST N STE 300	∑ Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			□Add
			□Remove
	 -		
			□Remove
			□Adđ
			∐Remove
			□Change
			□Add
			□Remove
			∏Change.

To: 18506176383

From: Registered Agents Inc.

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Effective date, if other th If an effective date is listed, the o Note: If the date inserted in document's effective date or	date must be specific as this block does not	nd cannot be prior to meet the applicat	date of filing or more		
ne record specifies a delayed ord is filed.					PUth day after the
Dated July 20th		2023			
12.1.	A 	·	-		

Typed or printed name of signee