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Account#: I20000000088

Date:	12/08/2023	
	KEN	
	#: 2207166	
	ne:	GLIC LLC
	cles of Incorporation/Authoriz endment	ation to Transact Business
	ange of Agent	
<u></u>	nstatement	
☐ Cor	nversion	
☐ Mei	rger	
☐ Dis	solution/Withdrawal	
☐ Fict	itious Name	
☐ Oth	er	
Authorized	d Amount: \$25.00	
Signature:		

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	12/08/2023	
Name:		
Reference #:	2207166	
		GLIC LLC
☐ Article	es of Incorporation/Authoriz	ation to Transact Business
☐ Chang	ge of Agent	
☐ Reinst	tatement	
☐ Conve	ersion	
☐ Merge	Pr	
☐ Dissol	ution/Withdrawal	
☐ Fictitio	ous Name	
Other_		
Authorized A	mount: \$25.00	
Signature:		

COVER LETTER

TO:

Registration Section Division of Corporations

GLIC LI SUBJECT:	.C		
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Laurence Copplestone		
		Name of Person	
	GLIC LLC		
		Firm/Company	
	2745 SW 32nd Ave		
		Address	
	Miami, Florida, 33133		
		City/State and Zip Code	
	laurencecopplestone@gmai	1.com	
	E-mail address: (to be used for future annual report noti	fication)
For further information	n concerning this matter, please c	all:	
Laurence Copplestone		786 4987191	
Nam	e of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check fo	r the 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add Registration Division of P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Cor The Centre of T	porations
	r. FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

GLIC LLC

2023 DEC -8 AM 9: 23

(Name of the Limited)	Liability Compa Florida Limited	i <mark>ny as it now appears or</mark> Liability Company)	TALLAHAS	AY OF STATE
The Articles of Organization for this Limited Liab Torida document number <u>L23000 511</u>	ility Company			and assigned
This amendment is submitted to amend the following. A. If amending name, enter the new name of the	_	oility company here:		
he new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the desig	nation "LLC" or the ab	hreviation "L.L.C."
nter new principal offices address, if applicable	e:	2633 SW 30th Cou	rt	
Principal office address MUST BE A STREET A		Miami, Florida 331	33	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		2633 SW 30th Cou Miami, Florida, 331		
3. If amending the registered agent and/or regingent and/or the new registered office address between the new registered office address between the new registered of the new		address on our reco	rds, <u>enter the nam</u>	e of the new regi
Name of New Registered Agent:	Laurence Co	opplestone	·	
New Registered Office Address:	2633 SW 30th	Court Enter Florida	street address	
	Miami		Florida ³³	133
•		City	, r wiwa	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.

Laurence Copplestone
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			Change
			Remove
			□ Remove
			Change
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record sr	necifies a d	elaved ef	fective da:	e. hur ne	nt an effec	ctive time	at 12:01 a	ı.m. on the	earlier of:	(b) The	: 90th dav	after the
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Dated	08/2023											
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			Sign	ature of a	i member o	or authoriza	ed represen	ative of a n	ember			

Filing Fee: \$25.00