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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: GL	EATON INVEST	MENTS, LLC ited Liability Company		
	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	_		
·	Č	C		
	Antho	J. Gleaton Name of Person		
		Name of Person		
	-	Firm/Company		
	4733 S	W 62 St. Address		
		Address		
	OCALA,	FL 34474 City/State and Zip Code		
		on, man and the case		
	AGLEATO	✓ Ø MAC. Co M to be used for future annual report not		
			ification)	
For further information c	oncerning this matter, please c	all:		
		at ()		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne 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 Addres		Street Address:		
Registration Section Division of Corporations		_	Registration Section Division of Corporations	
P.O. Box 6327		The Centre of T	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLEATON INVESTA (Name of the Limited Liability Compa (A Florida Limited I	,	
(A Florida Limited I	лавину Сотралу)	
The Articles of Organization for this Limited Liability Company	were filed on 1 22 2024	and assigned
Horida document number <u>L24000040082</u>	, ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
GLEATON VENTURES	, LLC	
GLEATON VENTURES The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	yo change	
Principal office address MUST BE A STREET ADDRESS)		~
		. 2
Enter new mailing address, if applicable:	no change	23 23
Mailing address MAY BE A POST OFFICE BOX)		
		ڊب
		, lin
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the na	me of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	City	241 43 1

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

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
,	Name Name Name Name		□Add
•	(A)C)		
			Change
			□Add
		·	□Remove
			☐ Change
			□Add
			Remove
		•	Change
			□Add
		 -	□Remove
			Change
			⊡Remove
			□ Change
			□Add
			Channa

	- No further changes - (20)
E. Effec (If an c	tive date, if other than the date of filing: (optional) Tective 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)(1)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docur	nent's effective date on the Department of State's records.
T L	
record is f	rd 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 iled.
Dated	FEBRICUARY 20 2014 Signature of a member or authorized representative of a member
	1 2 1
	Antaly Sta
	Anthony J. Gleaton

Typed or printed name of signee