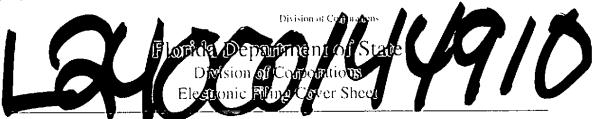
9/6/2024 10:27:07 CDT 9/5/24, 9,28 AM



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070

Phone

: (888)462-3453 : (877)919-2613

Fax Number

EFILE1234@INCFILE.COM \*\*Enter the email address for this business entity to be used for future

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ML&S2INVEST LLC

Certificate of Status	0
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Hair - 4 2024

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TO:

Registration Section

## **COVER LETTER**

Division of Co	rperations		
ML&S2IN	VEST LLC		
SUBJECT:	Name of Lin	inted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	<del></del>
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
	EFILE1234@INCFILE.CO	City/State and Zip Code	
		to be used for future annual report not	iticanon
For further information c	oncerning this matter, please c	all:	
LOVETTE DOBSON		at () Area Code Daytin	8-462-3453
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25,00 Filing Fee	-	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Sol.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection
Division of C P.O. Box 632		Division of Cor The Centre of T	rporations
Tallahassee, 1			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ML&S2INVEST LLC	
(Name of the Limited L	fability Company as it now appears on our records.) Torida Limited Liability Company)	<del>_</del>
	ity Company were filed on 03/25/2024	and assigned
This amendment is submitted to amend the following	i <del>ā</del> :	
A. If amending name, enter the new name of the GLADES LENDING AND REALTY LLC  The new name must be distinguishable and contain the words	"Limited liability company here:	breviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)  B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office address on our records, <u>enter the nam</u>	ie of the new registered
		<b>20</b> 2
Name of New Registered Agent:		2024 SEP
New Registered Office Address:	Enter Florada strvet address	- <del>5</del> 7
-	Florida	In Code
New Registered Agent's Signature, if changing Regi	stered Agent:	- 9 )
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further ag ind complete performance of my duties, and I am j ed agent as provided for in Chapter 605, F.S. Or, istered office address, I hereby confirm that the lii	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
			□Add
			CRemove
			ElChange
			UAdd
			□Remove
			(E)Change
			□Add
			□Remove
			FlChange
			FlAdd
			□Remove
			[]Change
			⊟Add
			⊔Remove
			□Change
			□Add
			□Remove
			[] Change

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