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SECRETARY OF STATE
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COVER LETTER

	Registration S Division of Co				
SUBJEC	TC GLEN	VAR HEIGHTS LLC			
		Name of Li	mited Liability Company		
The enclo	sed Articles of	f Amendment and fee(s) are su	ibmitted for filing.		
Please ret	urn all corresp	ondence concerning this matte	er to the following:		
		YERANY GRIJALBA			
			Name of Person		
			Firm/Company		
		13479 SW 278TH TERR			2024 P
		HOMESTEAD, FL 33032	Address 2		2024 AUG 28 PH 1: 46 SECRETARY OF STATE SECRETARY OF STATE
		YERAGD@ME.COM	City/State and Zip Code		PH I
For further	r information o	E-mail address: oncerning this matter, please o	(to be used for future annual repo	ort notification)	- 温 5
	GRIJALBA	,	786 424-99	992	
	Name o	f Person		Daytime Telephone Nun	nber
Enclosed is	s a check for th	ne following amount:			
≡ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certif d) Certif	O Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
R	alling Address egistration S ivision of C	Section	Street Addre Registratio	n Section	
Ρ.	O. Box 632 allahassee, F	7 -	The Centre	f Corporations of Tallahassee onroe Street, Suite	e 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TO GLENVAR HEIGHTS LLC			
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on ou mited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Com	many were filed on 07/08/202	24	and assigned
Florida document number L24000304207			_ 43.4 200161.04
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 designati	on "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	(S)		
-	-	SE	2024
		TAL	Σ1»:
Enter new mailing address, if applicable:		Y J	
Mailing address MAY BE A POST OFFICE BOX)	-	AHA.	8
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3. If amending the registered agent and/or registered of	fice address on our records,	enter the name of	the new regist
gent and/or the new registered office address here:		1-1	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	t address	
		, Florida	
	City		ip 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.

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>	<u>Name</u>	Address	Type of Action
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		HOMESTEAD, FL 33032	======================================
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Effective date, if other than the d f an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	e specific and c k does not me	amot be prior	สกเอ ยาสกเการเ	g or more than 90 filing requirer	(option days after fil nents, this d		nt to 605. t be liste	0207 (: d as ti
e record specifies a delayed effective of is filed.	ate, but not a	n effective ti	me, at 12:01	a.m. on the ear	ier of: (b)	The 90th o	lay after	the
Dated AUGUST, 27	- •	2024	<u>.</u> .					
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Filing Fee: \$25.00