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COVER LETTER,

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: GL	ANTZ HOLDINGS,	L.L.C.	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RICHARD B.S	SABRA ESQ. Name of Person	
	LAW OFFICE OF	RICHARD B. SABRA & Firm/Company	ASSOC.
	4600 SHERIDA	N ST., STE 300 Address	
	HOLLYWOOD	FL 38021 City/State and Zip Code	
	RBSOSAB	RALAW. COM to be used for future annual report notif	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	ıll:	
RIGHED B	SABRA ESQ.	at (<u>954</u>) <u>989</u> -	8940
Name o	f Person	Area Code Daytime	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)
Registr Divisio	ING ADDRESS: ation Section in of Corporations ox 6327	STREET/COURII Registration Section Division of Corpora Clifton Building	n

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Link (A.F.	L HOLDINGS, LLC iability Company as it now appears on our records.) forida Limited Liability Company)	_
The Articles of Organization for this Limited Liabili	ity Company were filed on 4/27/38 and	assigned
Florida document number	•	_
This amendment is submitted to amend the followin	ug:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation	JL.Q S X
Enter new principal offices address, if applicable	:	= <u>258</u> SCS SCC
(Principal office address MUST BE A STREET AF	DDRESS)	1 7 2 T
		≖ č - š≂!
Enter new mailing address, if applicable:		<u>. </u>
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	-
B. If amending the registered agent and/or r registered agent and/or the new registered office :	registered office address on our records, enter the nanaddress here:	ne of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Florida	
	City Zip Co	de
New Registered Agent's Signature, if changing Regist	stered 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
MGR	TONI GLANTZ REVOCABLE TRUST	P.O.Bax 8761	Add
		CORAL SPRINGS, FL 33075	Remove
			Change
MGR	DANIEL GLANTZ	P.o. Box 8761	Add
		GRAL SPRINGS, FL 33075	Remove
			Change
			🗆 Remove
			Change
			Add
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D. If amending any other informatio.							
					 		
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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	does not m	neet the appli	icable statutor	ng or more thar ry filing requi	(optiona 90 days after fili rements, this da	l) ng.) Pursuant to 605. te will not be liste	.0207 (3 ed as th
the record specifies a delayed end of the 90th day after the record		late, but n	ot an effec	tive time,	at 12:01 a.m	. on the earlie	er of:
Dated JUNE 5	hature of a r	2018	horized represe	intative of a me	mber		
V E	171 11 11		co represe				

Page 3 of 3

Filing Fee: \$25.00