

L1300 0148247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

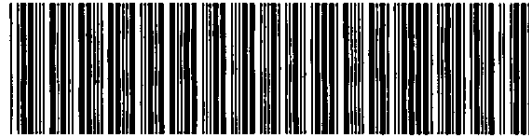
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400263331754

400263331754
10/01/14--01016--016 **30.00

FILED
2014 OCT 20 P 4: 48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 21 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GL Sombrero I, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam Greenberg

Name of Person

Firm/Company

3193 Royal Palm Avenue

Address

Miami Beach, Florida 33140

City/State and Zip Code

agreenberg@ngkf.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Greenberg

Name of Person

at **(305) 350-0927**

Area Code

Daytime Telephone Number

Enclosed is a check for 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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2014 OCT 20 P 4: 48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

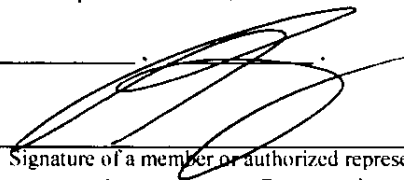
FILED
 2014 OCT 20 P 1:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10/15/17



Signature of a member or authorized representative of a member

Adam Greenberg

Typed or printed name of signee

FILED
2914 OCT 20 P 4: 48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2014

ADAM GREENBERG
3193 ROYAL PALM AVENUE
MIAMI BEACH, FL 33140

SUBJECT: GL SOMBRERO I, LLC
Ref. Number: L13000148247

FILED
2014 OCT 20 P 4: 48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for GL SOMBRERO I, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 614A00021501