

MAY/04/2015/MON 04:13 PM

6/4/2015

FAX N

P. 001/004

U5000108743

Division of Corporations
Electronic Filing Cover Sheet

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(((H15000108743 3)))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SALVATORI, WOOD, BUCKEL, CARMICHAEL & LOTTES
Account Number : I20030000112
Phone : (239)552-4100
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: JLH@SWBCL.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GLL - CPC WACO, LLC

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15 MAY -4 AM 10:00

Division of Corporations
Corporate Filing Services

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 05 2015

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

(((H15000108743 3)))
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GLL - CPC WACO, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 9, 2015 and assigned Florida document number L15000062290

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City Zip 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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	Lund, Thomas C.	800 Vanderbilt Beach Road	<input type="checkbox"/> Add
		Naples, FL 34108	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lund, T Chadwick	800 Vanderbilt Beach Road	<input type="checkbox"/> Add
		Naples, FL 34108	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Graham, John	800 Vanderbilt Beach Road	<input type="checkbox"/> Add
		Naples, FL 34108	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GLL XIV, LLC	800 Vanderbilt Beach Road	<input type="checkbox"/> Add
		Naples, FL 34108	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 166
 Change
 Add
 Remove

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

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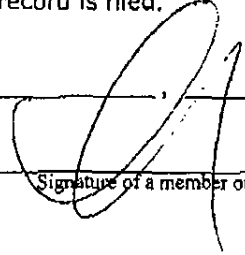
SECRETARY OF STATE

TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
 (If an effective 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)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 5/4/15 _____



Signature of a member or authorized representative of a member

Leo J. Salvatori

Typed or printed name of signer

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