

MAY/05/2015/TUE 09:51 AM

5/4/2015

L15000072990

FAA No.

P.001/004

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000109032 3)))



H150001090323ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : SALVATORI,WOOD,BUCKEL,CARMICHAEL & LOTTES  
Account Number : I20030000112  
Phone : (239)552-4100  
Fax Number : (239)649-0158

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: JL.H@SWRCL.com

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

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECORDED

15 MAY -5 AM 10:00

FLORIDA DEPARTMENT OF STATE  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
15 MAY -5 PM 12:20

FILED

(((H15000109032 3)))  
ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
15 MAY -5 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

GLL - CPC WACO II, 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 24, 2015 and assigned Florida document number L15000072990

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

(((H15000109032 3)))

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	Core Property Capital, LLC	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 checked="" type="checkbox"/> Add
		Naples, FL 34108	<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(((H15000109032 3)))

