

L16000073372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

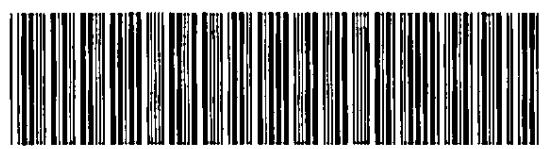
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/22/17--01003--017 **25.00

FILED
18 JAN 18 PM 1:05
TALLAHASSEE, FLORIDA

J. LEGGETT
JAN 19 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2017

ROGER LOPEZ
1555 BONA AVENTURE BLVD SUITE 1019
WESTON, FL 33326 US

SUBJECT: GTDRESSLER 2 LLC
Ref. Number: L16000073372

We have received your document for GTDRESSLER 2 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 317A00025960

RECEIVED
JAN 19 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

GTDRESSLER 2 LLC

SUBJECT: _____

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:

ROGER LOPEZ

Name of Person

BENTLEY INVESTMENT GROUP

Firm/Company

1555 BONAVENTURE BLVD SUITE 1019

Address

WESTON, FL 33326

City/State and Zip Code

EPERNAY2020@GMAIL.COM

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

For further information concerning this matter, please call:

ROGER LOPEZ

954 8012747
at ()

Name of Person

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

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

GTDRESSLER 2 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 04/13/2016 and assigned Florida document number L16000073372.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NA

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:

1295 SEABAY RD

(Principal office address MUST BE A STREET ADDRESS)

WESTON, FL 33326

Enter new mailing address, if applicable:

1295 SEABAY RD

(Mailing address MAY BE A POST OFFICE BOX)

WESTON, FL 33326

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18 APR 18 PM 1:05
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

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:

TAHIS M. FUENTES DE DRESSLER

New Registered Office Address:

1295 SEABAY RD

Enter Florida street address

WESTON

City

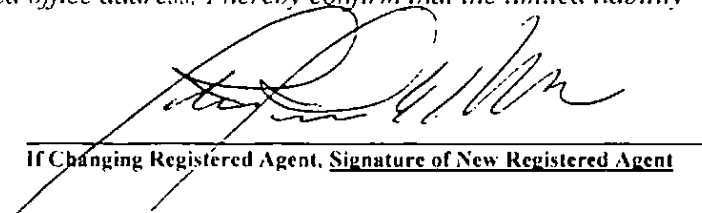
Florida

33326

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

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>
AMBR	GUILLERMO P. DRESSLER	1295 SEABAY RD	<input type="checkbox"/> Add
		WESTON, FL 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LEONARDO G. DRESSLER	1295 SEABAY RD	<input checked="" type="checkbox"/> Add
		WESTON, FL 33326	<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

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

NA

Multiple horizontal lines for amending information.

FILED
18 JAN 18 PM 1:05
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/13/18 BY 60322/UC/STP/STP

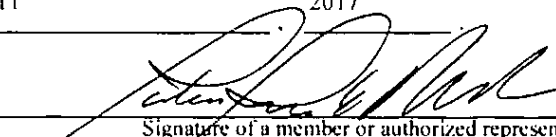
E. Effective date, if other than the date of filing: _____ (optional)

(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 DECEMBER 11 2017



Signature of a member or authorized representative of a member

TAHIS M. FUENTES DE DRESSLER

Typed or printed name of signee