LI6000129850

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(8u:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000324631840

US/18/19--U1848--DUS **158.88

SECULIARION STATEMENTS

MAR 27 203 T. LEMIEUX

COVER LETTER

GLASS HOUSES DEVELOPMENT 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: Alfred Xiques Name of Person Garcia & Xiques PA Firm/Company 2950 SW 27th Avenue, Suite 100 Address Miami, FL 33133 City/State and Zip Code axiques@rptgfla.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alfredo Xiques 358-4800 Name of Person Daytime Telephone Number Enclosed is a cheek for the following amount: ■ \$25.00 Filing Fee □ \$30,00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

GLASS HOUSES DEVELOPMENT LLC

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 9010 M 2019 MAR 18 P 3 36 Florida document number L16000129850 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 "LLC." 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

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>	Type of Action
MGR	Claudia DeSouza	2828 Coral Way, Suite 303 Miami, FL 33145	■ Add
			Remove
			Change
MGR	Horacio Cruz	2828 Coral Way , Suite 303 Miami, FL 33145	
			■ Remove
			☐ Change
			□ Remove
		-	Change
			Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			Remove

-						
·-··		<u> </u>				
				_		
						
						,.
						
						
				-		
			····		····	
··		_				
fective date, if	other than the dat	te of filing:	<u> </u>		(optional)	
an effective date is l ote: If the date is	listed, the date must be ascreed in this block	specific and canno does not meet th	ot be prior to date : he applicable sta	of filing or more that tutory filing requ	n 90 days after filing irements, this date	.) Pursuant to 605.02 will not be listed a
	ve date on the Depar			,		
	fies a delayed ef after the record		but not an e	ffective time,	at 12:01 a.m.	on the earlier
THE SULIT GAY	arter the record	is med.		-2		
February 2	2	20	19	/)		
ated		· _/				
		/ /				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00