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(Re	questor's Name)	
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08 JUN -2 AH ID: 10
SECRETARY OF STATE

## **COVER LETTER**

( ,

TO: Registration Division of C	Section Corporations		
SUBJECT: 145 B		tnership or Limited Liabilit	y Limited Partnership)
The enclosed Certifi	cate of Amendment ar	nd fee(s) are submitted	for filing.
Please return all cor	respondence concernir	ng this matter to:	
JORGE LINKEWE	(Contact Person)	· · · · · · · · · · · · · · · · · · ·	
GLH LLC	(Common Person)		
	(Firm/Company)		
18205 BISCAYNE	BLVD Suite 2202 (Address)		
	33160 City, State and Zip Code)		
For further informati	on concerning this ma	tter, please call:	
JORGE LINKEWE	R	at ( 305 ) 933	-1060
(Name of Conta	act Person)		aytime Telephone Number)
Enclosed is a check t	for the following amou	ent:	
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS Registration Section Division of Corporate Clifton Building 2661 Executive Center Tallahassee, FL 3230	ions er Circle	MAILING A Registration S Division of C P. O. Box 632 Tallahassee, 1	Section Forporations 27

## CERTIFICATE OF AMENDMENT

-TO--

## CERTIFICATE OF LIMITED PARTNERSHIP OF

FILED
08.JUN
08 JUN -2 AM 10: 10
SECRETARY OF STATE TALLAHASSEE FLORIDA
FLORIDA

145 BISCAYNE LTD

(Insert name currently on file with Florida Department of State)

Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certif MARCH 22, 1996, adopts the f limited partnership.	ficate was filed	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the here:	limited partners	ship or limited liability limited partnership
(New name must be distinguish	hable and contair	ı an acceptable suffix.)
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:		
B. If amending the registered agent and/or regist new registered agent and/or the new registered office		
Name of New Registered Agent:		
New Registered Office Address:		,
	(Ente	er Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing	g Registered A	gent:
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to am familiar with and accept the obligations of my p	o the proper and	complete performance of my duties, and I
	(If Changing Reg	istered Agent, Signature of New Registered Agent)

<u>Title</u>	<u>Name</u>	Address	Type of Action
GP GD	TRIARCH INVESTMEN	18205 BISCAYNE BLVD SUITE 2202 AVENTURA, FL 33160	☐ Add Remove
<u> </u>	GLH LLC	18205 BISCAYNE BLVD SUITE 2202	_☑ Add Remove
LUS	5-85194	AVENTURA, FL 33160	-
			☐ Add Remove
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			Remove
			☐ Add Remove
ted partnersl	I partnership or limited liability hip" status, enter change here:  Partnership hereby elects to be a Partnership hereby removes its "I	"Limited Liability Limited Parts	nership."
. IIIS LIIIIIICEU	r arthership hereby removes his "1 or removing" limited liability limited pa	•	•
		inicismo siulus, un generul purme.	
E: If adding o			
TE: If adding o	ny other information, enter change		
TE: If adding o			
FE: If adding of		e(s) here: (Attach additional sheet	s, if necessary.)

Signature(s) of a general partner	<u>er or all general p</u>	partners*:	
		·	' , Jana manamanakin in 1991
(*NOTE: Only one current general par removing a "limited liability limited par	rtnership" election star	tement. Chapter 620, F.S., red	nted partnership is adding or quires all general partners to sig
when adding or removing a "limited lia"	bility limited partnersl	nip" election statement.)	•
C		•	
Dozce Listener			
MANAGER GLH, LL	<u>c.</u>		
	,	<del></del>	
	<del></del>		
Signature(s) of all new or dissoc	ciating general pa	rtner(s), if any:	
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OF TRINICH INVES	THELL GRO	W, INC	
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TAGE ZECTOON A V	OTENT GRO		08 JUN-2 AM 10: 10 SECRETARY OF STATE TALLAHASSEE FLORID