

✓
L030000001429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

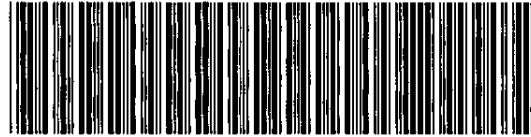
(Business Entity Name)

(Document Number)

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SECOND FLOOR OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 29 2012

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: GLEN WILLOW LLC
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:

DORON ALMOG

Name of Person

GLEN WILLOW LLC

Firm/Company

2101 SHINNECOCK HILLS WAY

Address

CORAL SPRINGS FL 33071

City/State and Zip Code

mike.33914@gmail.com

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

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Mike Mizrachi

Name of Person

at (239)

810-4073

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**

GLEN WILLOW 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 9/24/2007 and assigned
Florida document number L03000001429.

This amendment is submitted to amend the following:

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

GLEN WILLOW PALERMO LLC

The new name must be distinguishable and end with 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)

18122 HARBOUR BRIDGE POINT DR
CYPRESS, TX, 77429

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12 OCT 26 PM 4:11
STATE OF FLORIDA
TALLAHASSEE, FL 32304

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:

SHARON MIZRACHI

New Registered Office Address:

2101 SHINNECOCK HILLS WAY

Enter Florida street address

CORAL SPRINGS

City

Florida

33071

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 608, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DORON ALMOG	2101 SHINNECOCK HILLS WAY CORAL SPRINGS, FL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SHARON MIZRACHI	2101 SHINNECOCK HILLS WAY CORAL SPRINGS, FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MIKE MIZRACHI	2101 SHINNECOCK HILLS WAY CORAL SPRINGS, FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

12 OCT 26 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 10/21

2012



Signature of a member or authorized representative of a member

SHARON MIZRACHI

Typed or printed name of signee