

106000077777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

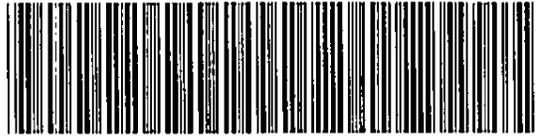
(Business Entity Name)

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DIVISION OF CORPORATIONS
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N COOPER
JUN 01 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Caroline Gleason Management, L.L.C.
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:

John Gleason
Name of Person

Caroline Gleason Management, LLC
Firm/Company

690 Lincoln Road Suite 301
Address

Miami Beach, FL 33139
City/State and Zip Code

jack@carolinegleason.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Gleason at (305) 695-2731
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

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>
MNGR/V	CAROLINE GLEASON	5900 COLLINS AVENUE #903	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33140	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MNGR	JOHN GLEASON	5900 COLLINS AVENUE #903	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33140	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

ONLY CHANGING TITLES:

CAROLINE GLEASON TO MNGR/MEMBER

JOHN GLEASON TO MNGR

18 MAY 31 PM 3:48

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DIVISION OF CORPORATIONS

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 MAY 17 _____, 2018



Signature of a member or authorized representative of a member

CAROLINE GLEASON

Typed or printed name of signee