# L10000122302

Office Use Only



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SECRETARY OF STATE SALLAHASSEE, FLORIDA

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FEB 29 2016

# **COVER LETTER**

	on Section f Corporations	
SUBJECT:	X ALO Propries LLC.  Name of Limited Liability Company	
The enclosed Artic	les of Amendment and fec(s) are submitted for filing.	
Please return all co	rrespondence concerning this matter to the following:	
	Annia Salazan Name of Person	
	X GLO Proprities, LLC.	
	18520 NW 67 AVR # 192 Address	
	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  Code  C	
For further inform	ation concerning this matter, please call:	m
Annia	Salazar at (786) 247-755555555555555555555555555555555555	U
Enclosed is a che	k for the following amount:	
<b>⊠</b> \$25.00 Filing	-	

## 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

(Name of the Limited Liah	operty 4 Subject to the contract of the contra	rds.)
The Articles of Organization for this Limited Liability Florida document number <u>L1000132303</u>	Company were filed on 11 29	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		2018 F
Name of New Registered Agent:		SSE 2
New Registered Office Address:	Enter Florida street addr	ess To D
	, F	Florida Sip 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>	Name	Address	Type of Action
AHBR	ANNIA SQUARAR	18520 NW 67 ANE STE 192	<b>X</b> Add
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		AFASSEEL FLOR	Remove
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effec t <u>e:</u> If	e date, if othe tive date is listed, f the date inserte at's effective da	the date must ed in this blo	be specific and ck does not m	cannot be price ect the appl	or to date of fil icable statute	ing or more than	(optiona 90 days after filir ements, this da	g.) Pursi	uant to 605.02 not be listed
reco he 9	ord specifies 90th day afte	a delayed er the reco	effective d rd is filed.	ate, but n	ot an effe	ctive time, a	t 12:01 a.m	. on th	ne earlier
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Filing Fee: \$25.00