

2/22/2016

Division of Corporations

**L120017434**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES TONY PORNPRINYA  
Account Number : I20010000164  
Phone : (305)893-8989  
Fax Number : (305)891-7717

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**GL1, LLC**

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GLI, 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 11/21/2012 and assigned  
Florida document number L12000147434.

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 "L.L.C."

Enter new principal offices address, if applicable:

1555 NE 123 STREET

(Principal office address MUST BE A STREET ADDRESS)

NORTH MIAMI, FL 33161

Enter new mailing address, if applicable:

1555 NE 123 STREET

(Mailing address MAY BE A POST OFFICE BOX)

NORTH MIAMI, FL 33161

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

City, Florida 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 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

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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>
MBR	ALFUZZI, OSCAR	1555 NE 123 STREET	<input type="checkbox"/> Add
		NORTH MIAMI, FL 33161	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	PEREZ DURAN DEL ROSARIO, MARIA	1555 NE 123 STREET	<input type="checkbox"/> Add
		NORTH MIAMI, FL 33161	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	ALFUZZI PEREZ ALEJANDRA, MARIA	1555 NE 123 STREET	<input type="checkbox"/> Add
		NORTH MIAMI, FL 33161	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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 Feb 22, 2016

Signature of a member or authorized representative of a member

TONY PORNPRINYA

Typed or printed name of assignee

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