

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L13000106139

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

From: Account Name : ALVAREZ, SUAZO & ASSOCIATES
 Account Number : I20130000076
 Phone : (305) 388-7028
 Fax Number : (305) 479-2705

2014 JAN 23 AM 8:59
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Email Address: _____

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 14 JAN 23 AM 6:45
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GL7, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JAN 24 2014
 D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GL7, 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:

TIM SUAZO

Name of Person

ALVAREZ, SUAZO & ASSOCIATES

Firm/Company

13001 SW 128TH AV. 202

Address

Miami, FL 33186

City/State and Zip Code

tim_suazo@yahoo.com

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

For further information concerning this matter, please call:

TIM SUAZO

Name of Person

at (305) 388-7028

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JAN 23 AM 8:59

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GL7, 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 07/26/2013 and assigned Florida document number L13000106139.

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 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)

FILED
2014 JAN 23 AM 9:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

_____, Florida _____
City 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.

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:

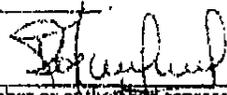
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	OSCAR ALFUZZI	<i>[Handwritten Signature]</i>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		300 Bayview Dr Unit 601 Sunny Isles FL 3316	
MGRM	GLADYS SALDIVIA	<i>[Handwritten Signature]</i>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		500 Bayview Dr #1420	
MGRM	AUGUSTO GRANJA	300 BAY VIEW DRIVE, UNIT 606 SUNNY ISLES, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		<i>[Handwritten Signature]</i>	
MGRM	EDGAR NUNEZ	1845 S OCEAN DRIVE, APT. 801 HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		<i>[Handwritten Signature]</i>	
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

SECRETARY OF STATE
 ALLAH STREET FLORIDA
 2014 JAN 2
 10:00
 FILED

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

Dated 01/21/14



Signature of a member or authorized representative of a member

Roger Drinker

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 JAN 23 AM 11:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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