

L17000 106135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

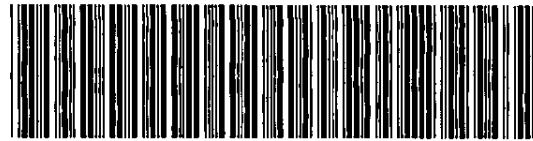
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

SANTIAGO A ALPIZAR, ESQ

Name of Person

SANTIAGO A. ALPIZAR, P.A.

Firm/Company

1699 CORAL WAY SUITE 512

Address

MIAMI FL 33145

City/State and Zip Code

alpizarlaw@gmail.com

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

For further information concerning this matter, please call:

Santiago A. Alpizar

Name of Person

at **(305) 856 2494**

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**

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:

N/A

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)

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

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TALLAHASSEE, FLORIDA

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	ROGER PRUNHUBER	1945 S OCEAN DR.	<input checked="" type="checkbox"/> Add
		UNIT 801 HALLANDALE	<input type="checkbox"/> Remove
		FL 33009	
MGR	JOSE L. PEREIRA	300 BAYVIEW DR UNIT 606	<input checked="" type="checkbox"/> Add
		SUNNY ISLES FL 33160	<input type="checkbox"/> Remove
MGR	ALEJANDRO RIBALTA	10710 NW 66 ST	<input checked="" type="checkbox"/> Add
		APT 506 DORAL FL 33178	<input type="checkbox"/> Remove
MGR	DAD CHRISTINA DAGER	10710 NW 66 ST	<input checked="" type="checkbox"/> Add
		APT. 506 DORAL FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

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

MEMBER MANAGER HAVE THE FOLLOWING MEMBERSHIP INTEREST

1.-ROGER PRUNHUBER 20% 2.- JOSE L PEREIRA 20%

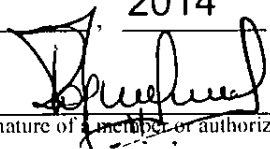
3.- OSCAR ALFUZZI 20%, 4.- GLADYS SALDIVIA 20%

5.- ALEJANDRO RIBALTA 10%, 6.- DAD CHRISTINA DAGER 10%

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated SEPT 15, 2014



Signature of a member or authorized representative of a member

ROGER PRUNHUBER AUTHORIZED MANAGER -MEMBER

Typed or printed name of signee

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