

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 : MF CORPORATE SERVICES INTL

Account Number : 120110000034 Phone : (305)856-6121

Fax Number : (305)856-6122

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SECRETARY OF STATE
TALL AHASSEF, 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: Oscintinia bellsouth net

THAY IL AN ID: 23
ECRETARY OF STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GLENROSE LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

GLENROSE 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:

Olga Santini

Name of Person

MF Corporate Services International

Firm/Company

1541 Brickell Ave, Suite 1806

Address

Miami, FL 33129

City/State and Zip Code

osantini@bellsouth.net

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

For further information concerning this matter, please call:

Olga Santini

_{.:} 305, 865-6121

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 (udditional 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

Zip Code

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

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 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>	Address	Type of Action
MGR	GUERRERO HERNANDEZ, PURIFICACION	1541 BRICKELL AVE, SUITE 1806	6 _□ Add
		MIAMI, FL 33129	= Remove
MGR	Vasquez Ordonez, Rodrigo	Carrera 19 A No. 90-13	Add
		Oficina 304	□ Remove
		Bogota, Colombia	_
			□ Add
			Remove
			_□ Add
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			_
			_□ Add
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		els, if necessary.)
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The effective date must be s	than the date of filing: pecific, cannot be prior to date of receipt or filed date and cannot be more the led by the Florida Department of State)	(optional) an 90 days after
Dated May 13	2014	
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