## L15000014912

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SLUNG FAILY STANDARDS

OCT 28 2015 J. HARRIS

## **COVER LETTER**

TO: Registration Se Division of Corp			
ROSEMA	ARY VILLAGE HOLDIN	IGS LLC	
SUBJECT:	Name of Lim	nited Liability Company	
		,	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	750 -
Please return all correspo	ndence concerning this matter	to the following:	5 OCT 26 AH IO: 30
	Tarek Kirschen		\$26 \$26
		Name of Person	Fig. R
	GLOZAL CAPITAL	LLC	IO:
	-	Firm/Company	
	16850 COLLINS AV	'E #111	
		Address	
	SUNNY ISLES BEA	CH, FL 33160	
		City/State and Zip Code	
	tk@glozal.com	to be used for future annual report not	ification)
For further information co	oncerning this matter, please c		
Tarek Kirschen		305 890-9900	
Name of	'Person	Area Code Daytin	re Telephone Number
Enclosed is a check for the	ne 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)
Registr Divisio P.O. Bo	ENG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROSEMARY VILLAGE HOLDII			
(Name of the Limited Lis (A Flo	ability Company as it now apported Limited Liability Company	ears on our records.) y)	
The Articles of Organization for this Limited Liability Florida document number <u>L15000014912</u>	ty Company were filed on _	01/26/2015	and assigned
This amendment is submitted to amend the following	<b>z</b> :		
A. If amending name, enter the new name of the	limited liability company	here:	
GLOZAL VILLAGE LLC			
The new name must be distinguishable and end with the words	"Limited Liability Company," (	he designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET AL	DDRESS)		
			The same
	<del> </del>		SS 78
F-4			THE TO STATE
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	·	<u> </u>
		·····	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office a  Name of New Registered Agent:  New Registered Office Address:	address here:	on our records, enter	the name of the new
	EnterP		
<del>-</del>	City .	, Florida	ZipCode
New Registered Agent's Signature, if changing Regist	•		zipcoue
I hereby accept the appointment as registered aga provisions of all statutes relative to the proper an accept the obligations of my position as registere, being filed to merely reflect a change in the regis company has been notified in writing of this chan	ent and agree to act in thi d complete performance d agent as provided for in tered office address, I het	of my duties, and I am n Chapter 605, F.S. Or,	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Sam Lupowitz	1124 Kane Concourse	Add
		Bay Harbor Islands FL 33154	■ Remove
			□ Add
			☐ Remove
			LI Remove
			Add
			□ Remove
		3:	And Company
			Remove Participation of the Pa
			_ □ Remove
			□ Add
		<u> </u>	_□ Remove

FEIN# 47-3097551		
<u> </u>		
Effective date, if other than the offective date, if other than the offective date must be specific, can the date this document is filed by the	ne date of filing:  nnot be prior to date of receipt or filed date and can Florida Department of State)	(optional)
Dated Oct 23	2015	
	Tarek Kirschen	
	Signature of a member or authorized represen	tative of a member
Tarek Kirschen	, 5000,0 , ,2000,000	tative of a member

Page 3 of 3

Filing Fee: \$25.00

2015 OCT 26 FH 2: 36

## STATEMENT OF AUTHORITY

OND: The	Florida Document Number of the limited liability company is:	5	····
RD: The st	rect address of the limited liability company's principal office is:		
	iled Beach, FL 33442	<del>.</del>	
Tho m	nailing address of the limited liability company's principal office is:	-	
A Pro-	Time		
ion of a pers	s statement of authority grants or sets limitations of authority on all persons having son in a company, whether as a member, transferee, manager, officer or otherwise		
tion of a pers on on the fol	son in a company, whether as a member, transferee, manager, officer or otherwise lowing:  y execute an instrument transferring real property held in the name of the company  a. Granted to:  HELMY SORIAL 41%, MARY YOUSSEF 41%,	or to a spec	
tion of a pers on on the fol	son in a company, whether as a member, transferee, manager, officer or otherwise lowing:  y execute an instrument transferring real property held in the name of the company  a. Granted to:  WAHIB YOUSSEF 9% AND JANETTE YOUSSEF9%  b. No authority granted to:	2015 OCT 26	CITIC CITIC
tion of a person on the fol	son in a company, whether as a member, transferee, manager, officer or otherwise lowing:  y execute an instrument transferring real property held in the name of the company  a. Granted to:  WAHIB YOUSSEF 9% AND JANETTE YOUSSEF9%  b. No authority granted to:	2015 OCT 26 PM	CITIC CITIC