

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : SALVATORI,WOOD,BUCKEL,CARMICHAEL & LOTTES Account Number : I20030000112 Phone : (239)552-4100 Fax Number : (239)649-0158

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

Email Address: JLH@SWBCL.com

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GLL - CPC WACO, LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were f	iled on April 9, 2015 and assigned
Florida document number L15000062290	
This amendment is submitted to amend the following:	
-	
A. If amending name, enter the new name of the limited liability co	<u>mpany here</u> :
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
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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	CRETATY OF S
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	Idress on our records, enter the name of the ner
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 here: Name of New Registered Agent:	Idress on our records, enter the name of the ner
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 here:	Idress on our records, enter the name of the ner
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 here: Name of New Registered Agent:	Idress on our records, enter the name of the ner

I

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>	Name	Address	Type of Action
MGR	Lund, Thomas C.	800 Vanderbilt Beach Road	🖸 Add
		Naples, FL 34108	Remove
			Change
MGR	Lund, T Chadwick	800 Vanderbilt Beach Road	D Add
		Naples, FL 34108	Remove
		·	Change
MGR	Graham, John	800 Vanderbilt Beach Road	🗖 Add
		Naples, FL 34108	TALLAR MA
MGR	GLL XIV, LLC	800 Vanderbilt Beach Road	
		Naples, FL 34108	
			Change
·			🗆 Add
			Remove
		<u> </u>	Change
- <u></u>			Add
			C Remove
			Change

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

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ective date, if other than the date of filing:	(optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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	5/4/15				
,					
		Signature of a member or authorized representative of a member			
	Leo J. Salvatori				
	Typed or printed name of signee				

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Filing Fee: \$25.00

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