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(((H25000018094 3)))



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

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
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FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GL16, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2025 JAN 15 AM 8:04

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H25000018094 3)))

GL16, 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 07/29/2015 and assigned
Florida document number L15000129972.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

19790 W. Dixie Hwy, Unit 1209

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33180

Enter new mailing address, if applicable:

19790 W. Dixie Hwy, Unit 1209

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33180

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 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:

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Wright, Monique	19790 W. Dixie Hwy, Unit 1209	<input checked="" type="checkbox"/> Add
		Miami, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Pereira, Jose L	19790 W. Dixie Hwy, Unit 1209	<input type="checkbox"/> Add
		Miami, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Prunhuber, Roger	1945 S Ocean Dr, Apt 801	<input type="checkbox"/> Add
		Hallandale Beach, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rosenberg, Andrew	2466 Ferdinand Ave	<input type="checkbox"/> Add
		Honolulu, HI 96822	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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