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(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2016 AUG 18 PM 4: 14
SECRETARY OF STATE
TALL ABASSEE EL GOID

K.SALY EXAMINER AUG 19

COVER LETTER

Division of Corporate			
SUBJECT: Glass	House Po	int LLC	
		ited Liability Company	
The enclosed Articles of Amer	dment and fee(s) are subi	mitted for filing.	
Please return all correspondence	e concerning this matter	to the following:	
· _	Dyla	n Grahan Name of Person	December of a second
	Glass	House Poin Firm/Company	+ LLC
		Firm/Company	
	7525 Lefles	tions Lake Address	Orive
-		Address	
-	Lakel	and, floride City/State and Zip Code Shousefoin+@ o be used for future annual re	x 338 3
	alac	City/State and Zip Code	annil (an
_	E-mail address: (t	o be used for future annual re	port notification)
For further information concer	ning this matter, please ca	ill:	
Dylan G	raham	at (863) 3	Daytime Telephone Number
Name of Ferse	112	Alca Code	Dayume Telephone Number
Fortered is a short for the Coll			
Enclosed is a check for the foll	-		
□ \$25.00 Filing Fee ■	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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 ARTICLES OF ORGANIZATION

ARTICLE	S OF ORGANIZATION OF	2016 AUG 18 PM G: 14 cords.) Cords.) Cords.)
GLASS HOUSE (Name of the Limited Liab) (A Flori	POINT LLC lity Company as it now appears on our re da Limited Liability Company)	cords.) PA 4: 14
The Articles of Organization for this Limited Liability Florida document number <u>L150016695</u>	Company note thea on	er 1,2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
	City	, Florida
	· · · · · · · · · · · · · · · · · · ·	Lap Couc

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:					
MGR = M AMBR = A	anager uthorized Member	Address 20/6 AUG 18 PH 4: 14 SLORE IARY UF STATE Add Add Add Add Add Add			
<u>Title</u>	Name	Address PA 4: 14 Type of Action			
White	Michaelly Mas.	AH4SSFE LORID			
		Remove			
W 2 W	N. I. A. G.O.	□ Change			
WBK	Noah A. Foldman	1124 Cypress Pt W Add Winter Haven, FL 33884 Remove			
		Winter Haven, +L 33884 Remove			
		Change			
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Effective date, if other that (If an effective date is listed, the dangle of the listed of the liste	te must be specific at this block does not	nd cannot be prior to meet the applicab			
the record specifies a de) The 90th day after the			an effective time	e, at 12:01 a.m. o	on the earlier of:
Dated August	16	, 2016	. /		
	Signature of a	member or authoriz	zed representative of a	member	·

Page 3 of 3

Filing Fee: \$25.00