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(Chyresola) I i i i i i i i i i i i i i i i i i i
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GULL HOUSE NO	. 2, LLC	·
		Art of Inc. File
····	,	LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		✓ Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Digitatore		Vehicle Search
		Driving Record
Requested by: SETH	01/06/16 A	UCC 1 or 3 File
Name	$\frac{01/06/16}{\text{Date}} \frac{A}{T}$	UCC 11 Search
Natife	Date 1	UCC 11 Retrieval
Walk-In	Will Pick Up _	Courier

COVER LETTER

TO: Registration S Division of Co					
GULL HO	USE NO. 2, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
	ondence concerning this matter	-			
	AILEEN ORTEGA				
		Name of Person			
	LARREA & ORTEGA				
	Firm/Company 150 ALHAMBRA CIRCLE, SUITE 950				
•					
		Address			
	CORAL GABLES, FLOR	IDA 33134			
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	vivian@canteratax.com				
		to be used for future annual report notif	ication)		
For further information of	concerning this matter, please c	all:			
AILEEN ORTEGA		305 476-8701			
Name	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he 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		

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 TO ARTICLES OF ORGANIZATION OF

FILED 2016 JAN -6 AM 9: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

GUL				

(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 JANUARY 1, 2016 and assigned-Florida döcüment number L15000213607 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." 150 ALHAMBRA CIRCLE, SUITE 925 Enter new principal offices address, if applicable: **CORAL GABLES, FLORIDA 33134** (Principal office address MUST BE A STREET ADDRESS) 150 ALHAMBRA CIRCLE, SUITE 925 Enter new mailing address, if applicable: CORAL GABLES, FLORIDA 33134 (Mailing address MAY BE A POST OFFICE BOX) 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: DADE CORPORATE SERVICES, INC. Name of New Registered Agent: 2300 CORAL-WAY New Registered Office Address: Enter Florida street address MIAMI Florida 33145

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	LIDIA CARTAYA	150 ALHAMBRA CIR #800	
		CORAL GABLES, FL 33134	■ Remove
			Change
MGR	CARLOS C. LOPEZ-CANTERA	150 ALHAMBRA CIR #925	Add
		CORAL GABLES, FL 33134	☐ Remove
			☐ Change
· .			□ Add
			☐ Remove
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			□ Add
			Remove
			Change

Effective date, if other than the date of filing: (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) Note: 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. The 90th day after the record is filed. Dated JANUARY-4 , 2016 AMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMA			
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	Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00