117000161995

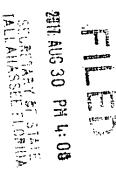
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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MIR 30 MIR HARRIS

COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	GGL PROP	ERTY LLC		
SUBJECT.	·	Name of Limit	ed Liability Company	
		Amendment and fee(s) are submadence concerning this matter to	-	
		Bruce Hornstein		
			Name of Person	
		Bruce Hornstein, P.A.		
			Firm/Company	
		6961 Indian Creek Drive		
			Address	
		Miami Beach, Florida 3314	1	
			City/State and Zip Code	
		bhornstein@hornsteinpa.con E-mail address: (to	n to be used for future annual report notifi	cation)
For further i	information co	oncerning this matter, please cal	11:	
Bruce Horn	nstein		305 397-8476	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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



August 16, 2017

BRUCE HORNSTEIN BRUCE HORNSTEIN, PA 6961 INDIAN CREEK DRIVE MIAMI BEACH, FL 33141

SUBJECT: GGL PROPERTY LLC Ref. Number: L17000161995

We have received your document for GGL PROPERTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

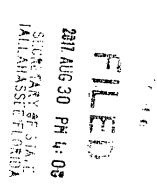
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 417A00016843

ZOLITAUG 38 AN LISTAGE STATE SELLEMENT OF STATE ALLAHASSEE, FLORIDA



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GGL PROPERTY LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L17000161995	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	
Enter new principal offices address, if applicable:		For Signature
(Principal office address MUST BE A STREET ADDRESS)	430 NE 110 Terrace	5.2 2
"	Miami, Florida 33161	7 S W
Enter new mailing address, if applicable:		STORE THE STATE OF
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		, enter the name of the n
Naw Projectored Office Address		
New Registered Office Address:	Enter Florida street address	5
		orida
	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

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>Address</u> **Type of Action Title** Name _□ Add _□ Remove _□ Change ☐ Add ☐ Remove Change □ Add ☐ Remove ☐ Change □ Add □ Remove Remove _□ Change □ Add □ Remove ☐ Change

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ective n effective	date, if other than the da	te of filing: e specific and cannot be prior to date of filing or more than 9	0 days after filing.) Pursuant to 605.020
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