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(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
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COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	GF V OPCC		JOPCO-PROF	مره بیر	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Fernando Cassingena			
			Name of Person		
		Głobofran Ventures, LLC			
			Firm/Company		
		299 Alhambra Circle, Suite	e 510		
			Address		
		Coral Gables, FL 33134			
		fernando@globofran.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report	t notification)	
For further in	iformation co	oncerning this matter, please ca	all:		
Fernando Ca	ssingena		305 778-889		
	Name of	f Person	Area Code Da	sytime Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25. 0 0 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	MAILI	NG ADDRESS:	STREET/CO	URIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION I ED

GFV OPCO-PROPCO LLLC

2018 DEC 13 PM 12: 50

OPCO LLC

(Name of the Limited Liability Company as it now appears on our records.) > STATE

(A Florida Limited Liability Company) TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 11/8/2018 and assigned Florida document number L18000262760 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	HLA LLC	777 SW 37th Avenue, Suite 510 Miami, FL 33135	Add
			□ Remove
			Change
			Add
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			☐ Change
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(If an ef <u>Note:</u>	(optional) fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	December 10 2018

Page 3 of 3

Filing Fee: \$25.00