

L19000153455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

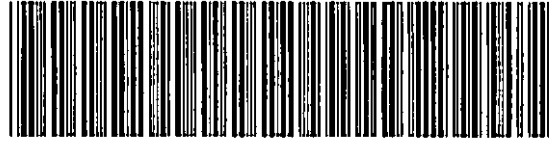
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000354003810

10/26/20--01020--004 \*\*25.00

FILED

2020 DEC 22 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS  
DEC 22 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 DEC 11 11:50

December 4, 2020

SUSANA CHEMEN  
20533 BISCAYNE BLVD  
STE 1326  
AVENTURA, FL 33180

SUBJECT: GLM 07 LLC  
Ref. Number: L19000153455

We have received your document for GLM 07 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):

The attached form must be completed in order to file the document.

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) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 120A00024215

**TO: Registration Section  
Division of Corporations**

Please return all correspondence concerning this matter to the following:

SUSANA CHEMEN
Name of Person
SUSIE CHEMEN CONSULTING LLC
Firm/Company
20533 BISCAYNE BLVD. STE 1326
Address
AVENTURA, FL. 33180
City/State and Zip Code
SUCHEMEN@HOTMAIL.COM
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSANA CHEMEN	305	469-6873
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the 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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2020 DEC 22 PM 3:12

GLM 07 LLC

(Name of the Limited Liability Company as it now appears on our records.) STATE  
(A Florida Limited Liability Company) FLORIDA, FL

The Articles of Organization for this Limited Liability Company were filed on 06/10/2019 and assigned  
Florida document number L19000153455.

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*

*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**

**MGR = Manager**  
**AMBR = Authorized Member**

FILED

2020 DEC 22 PM 3: 12

State of Florida  
Hollywood, FL 33021

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2020 DEC 22 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

JUAN CARLOS ALONSO

Typed or printed name of signee

Filing Fee: \$25.00