

MI700000 6868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

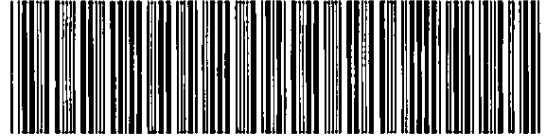
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received Correction by fax
from Katelyn on 7/31/19
Rec. Certificate N/C.

Office Use Only



600331395306✓

07/11/19--01006--007 **25.00

S TALLENT
JUL 31 2019

FILED
2019 JUL 31 PM 1:59
SECRETARY OF STATE
TALLAHASSEE FL

FOREIGN
Amend
N/C



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2019

ROBERT DESROSIERS
GLF-BOYNTON BEACH, LLC
1 CATE ST, SUITE 100
PORTSMOUTH, NH 03801

SUBJECT: ONI - BOYNTON BEACH, LLC
Ref. Number: M17000006868

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

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 519A00014899

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLF - Boynton Beach, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Desrosiers

Name of Person

GLF - Boynton Beach, LLC

Firm/Company

1 Cate St, Suite 100

Address

Portsmouth, NH 03801

City/State and Zip Code

corporate@cateops.com ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Desrosiers

Name of Person

at (603) 319-4400

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ONI - Boynton Beach, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M17000006868

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 8/10/2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: GLF - Boynton Beach, LLC
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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.

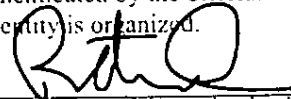
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Robert Desrosiers, Manager

Typed or printed name of signee

Filing Fee: \$25.00

PAGE 1 of 1

Service Request# 20195278199

**State of Delaware**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8279079

06-24-2019

KATELYN PAYNE
1 CATE STREET
SUITE 100
PORTSMOUTH, NH 03801

ATTN: KATELYN PAYNE

DESCRIPTION	AMOUNT
5482498 - GLF - BOYNTON BEACH, LLC 0240Y Amendment Name	
Amendment Fee	\$180.00
Court Municipality Fee, Dover	\$20.00
TOTAL CHARGES	\$200.00
TOTAL PAYMENTS	\$200.00
BALANCE	\$0.00

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:00 AM 06/03/2019
FILED 11:00 AM 06/03/2019
SR 20195178199 - File Number 5482406

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: ONI - Boynton Beach, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Change of company name to "GLF - Boynton Beach, LLC".

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 21st day of May, A.D. 2019.

By: 
Authorized Person(s)

Name: Robert Desrosiers
Print or Type