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SECLE LARY OF STATE
AND ASSEE, FLORIDA

K.SALY EXAMINER FEB 25

### **COVER LETTER**

Registration Section
Division of Corporations

Global Ta	ctics LLC.		
50 <b>bje</b> &1:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Melvin J. Murphy		
	<del></del>	Name of Person	<del></del>
	Global Tactics LLC		
	<del></del>	Firm/Company	
	5456 SW 191 Terrace		
	· · · · · · · · · · · · · · · · · · ·	Address	<del></del>
	Miramar, Florida 33029		
		City/State and Zip Code	<del></del>
	karatemelvin@gmail.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Melvin J. Murphy		954 325-3556 at ()	
Name	of Person	Area Code Daytime	e 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/COURIER ADDRESS:

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

## TO **ARTICLES OF ORGANIZATION**

ARTICLES OF O		Eli m
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GLOBAL TACTICS LLC		SEB 22 PM
(Name of the Limited Liability Compan (A Florida Limited Li	- · ·	2016 FEB 22 PM 2: 40  TALLAHASSEE PETATE  and assigned to
The Articles of Organization for this Limited Liability Company v Florida document number	vere filed on July 06,2016	and assigned ///
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	y Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5456 SW 191 Terrace, Miramar, I	Florida 33029
(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 off registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

OF TEMOVED ITOM OUF TECORDS:

**WGR** = Manager AMBR = Authorized Member

Type of Action	<u>ssaippy</u>	Name	मांस
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Filing Fee: \$25.00