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COVER LETTER

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global manac	gement	System	70, LLC	· 	_ _	
(Name of the Limited (A	Liability Compai Florida Limited L	nv as iv now appe hability Company)	ars on our records	<u></u>)		
The Articles of Organization for this Limited Liab	the following: name of the limited liability company here: train the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"! if applicable: STREET ADDRESS) The state of the limited Liability Company, the designation "LLC" or the abbreviation "LLC"! The state of the limited liability company here: The state of the state of the state of the limited liability company here: The state of the limited liability co					
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t					2023	
The new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company," the	designation "LLC"	or the abbreviati		ing 4
Enter new principal offices address, if applical	ble:			<u> </u>	20	. क् <u>र</u>
(Principal office address MUST BE A STREET	ADDRESS)			<u> </u>	P	, 0 ()
				23 <u>1</u> 3	2: 48	
Enter new mailing address, if applicable:			<u></u>			
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>					
						
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office : <u>; here</u> :	address on our	records, <u>enter</u>	the name of th	<u>ne new r</u>	<u>egisterec</u>
Name of New Registered Agent:					_	
New Registered Office Address:		Enter F	lorida street addre:	XX		
			, Fl	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 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 Type of Action Address Title Name 1 13762 W. State Rd #212 DANIE, FL 33325 Remove MUR _ □Change 13762 W. State Rd #212 Xadd MUR Barbara Wonker Davie, F. 33325 □ Change __ 🗆 Add Remove ☐ Change □Add □ Remove □ Change □Add □ Remove □Change

							
							
			 				
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