## 1100000397

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

EFFECTIVE DATE 9/30/15



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09/24/15--01020--005 \*\*85.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

IN SEP 2u P I: 3

SEP. 2.5 2015 \*\*\*

## COVER LETTER

	Sof Corporations
Cyr SUBJECT:	nosure, LLC
SUBJECT:	Name of Limited Liability Company
	icles of Amendment and fee(s) are submitted for filing.
Please return all c	correspondence concerning this matter to the following:
	Peter Scholla
	Name of Person
	GIA
	Firm/Company
	721 US Highway One, Suite 117
	Address
	North Palm Beach, FL 33408
	City/State and Zip Code
	peter@globalinvestmentadviser.com  E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:    Section   Section
Peter Scholla	561 881-9688 22 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15
Enclosed is a che	ck for the following amount:
□ \$25.00 Filing	Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cynosure, LLC				
(Name of the Limi	ted Liability Company (A Florida Limited Liab	as it now appears on or oility Company)	ur records.)	
The Articles of Organization for this Limited L	iability Company we	ere filed on 1/11/200	0	and assigned
Florida document number L 0000 0000 397	·			
his amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited liabilit	y company here:		
he new name must be distinguishable and contain the	words "Limited Liability	Company," the designat	tion "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applic	cable:		<del> </del>	
Principal office address MUST BE A STREI	ET ADDRESS)		<u> </u>	2015
	_			S T
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Enter new mailing address, if applicable:	-			<u>-</u> m
Mailing address MAY BE A POST OFFICE	BOX)			T O
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B. If amending the registered agent and registered agent and/or the new registered of		e address on our	records, enter the	ne name of the
Name of New Registered Agent:	Peter Scholla			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	721 US Highway	One, Suite 117		
		Enter Florida str	eet address	
	North Palm Beach	1	, Florida _ <sup>334(</sup>	)8
		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.

EFFECTIVE DATE 930 15

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

•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** <u>Title</u> Name MGR Manley H. Thaler 700 North Olive Avenue □ Add West Palm Beach, FL 33401 **■** Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove Change <u></u>□ Change \_□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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Signature of a member or authorized representative of a member	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	·				
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Filing Fee: \$25.00