

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LLKGLOBAL ADVISORY SERVICES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAY HART

Name of Person

LLKGLOBAL ADVISORY SERVICES, LLC

Firm/Company

3511 Pomerol Dr Unit 306

Address

Wellington, FL 33414

City/State and Zip Code

hart9316@bellsouth.net

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

FILED
15 OCT 12 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jay Hart

561 601-1542
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LLGLOBAL ADVISORY SERVICES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 9TH, 2015 and assigned Florida document number L01000002879.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3511 Pomerol Dr. Unit 306

Wellington, FL 33414

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3511 Pomerol Dr. Unit 306

Wellington, FL 33414

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:

3511 Pomerol Dr. Unit 306

Enter Florida street address

Wellington

City

Florida 33414

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

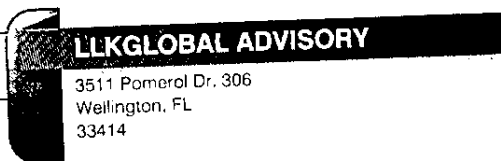
MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Laura Kozloski Hart	11607 Windsor Bay Place	<input type="checkbox"/> Add
		Wellington, FL 33449	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FL 32304
OCT 12 11 11 AM
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Changing ADDRESS:



Removing: Laura Kozloski HART

Keeping: Jay E. HART

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TALLAHASSEE, FLORIDA

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)

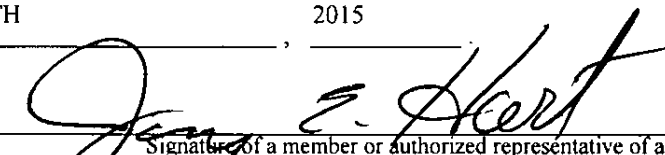
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 OCTOBER 9TH

2015


Signature of a member or authorized representative of a member
Jay E. HART
Typed or printed name of signee

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002879

Entity Name: LLK GLOBAL ADVISORY SERVICES, L.L.C.

Current Principal Place of Business:

11607 WINDSOR BAY PLACE
WELLINGTON, FL 33449

Current Mailing Address:

11607 WINDSOR BAY PLACE
WELLINGTON, FL 33449 US

FEI Number: 65-1103269

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HART, LAURA K
11607 WINDSOR BAY PLACE
WELLINGTON, FL 33449 US

** changing*

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Jay E. Hart
Electronic Signature of Registered Agent

10-9-15

Date

Authorized Person(s) Detail :

Title MGRM
Name HART, LAURA K
Address 11607 WINDSOR BAY PLACE
City-State-Zip: WELLINGTON FL 33449

Title MGRM
Name HART, JAY E
Address 11607 WINDSOR BAY PLACE
City-State-Zip: WELLINGTON FL 33449

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TALLAHASSEE, FLORIDA

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAURA KOZLOSKI HART

MGRM

02/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date