## L04000020044

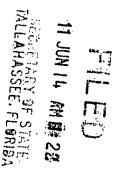
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(Address)					
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D. BRUCE

**EXAMINER** 

## **COVER LETTER**

Division of C					
SUBJECT:	GLOBAL REALTY	PROFESSIONALS, LL	С		
•	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
		HEIN KARMAN			
		Name of Person			
	GLOBAL R	EALTY PROFESSIONALS,	LLC		
•		Firm/Company			
	94	104 THURLOE PLACE			
		Address	······································		
	ORL	ANDO, FLORIDA 32827			
		City/State and Zip Code			
	hka	arman@globalrealty.us		-uninj	
	E-mail address: (	to be used for future annual report notific	ation)		
For further information	concerning this matter, please	call:			(EBN pro
н	EIN KARMAN	at ( 407 )	24-4402	ASSE ASSE	Slaver,
Name	of Person	Area Code & Daytime	Telephone Number	PAR STA	
Enclosed is a check for	the following amount:			Ser Ca	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

Name of the Limited Liabilit	Y PROFESSIONA	LS, LLC			
( <u>Name of the Limited Liabilit</u> (A Florida	Limited Liability Company)	is on our records.			
The Articles of Organization for this Limited Liability O	Company were filed on	04/06/2004	and a	assigne	ed
Florida document numberL0400026044	<del>.</del>				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability company her	<u>·e</u> :			
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Compa	any," the designation "I	LLC" or th	e abbre	 eviation
			<b>≥</b>		
Enter new principal offices address, if applicable:				=	u.
(Principal office address MUST BE A STREET ADDI	RESS)		SS		
	<del> </del>		Series of the se	<u>-</u> -	
				3	horani.
Enter new mailing address, if applicable:					- townson to
(Mailing address MAY BE A POST OFFICE BOX)	***************************************			N Ca	
		· <del>**</del> ···			
B. If amending the registered agent and/or regis	tered office address on o	our records, <u>enter t</u>	he name	of th	<u>ie nev</u>
registered agent and/or the new registered office add	lress here:				
Name of New Registered Agent:					
New Registered Office Address:					
	En	ter Florida street add	ress		
		, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action <u>Title</u> <u>Name</u> **Address** MGRM HENDRIKA J. KARMAN 9404 THURLOE PLACE ✓ Add ORLANDO, FL 32827 Remove Remove Remove Remove Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JUNE 5 Dated \_\_\_\_ Signature of a member or authorized representative of a member HEIN KARMAN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00