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T. HAMPTON NOV 1 8 2010 EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	
	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	JOHN KASH Name of Person
	GLOBAL ALLIANCE BROKERAGE, LLC Firm/Company
	2500 E. LAS OLAS BLUD. #1206 Address
	FORT LAUDERDALE, FL 33301  City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	rther information concerning this matter, please call:
	Name of Person  at ( 954-561-6622 Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$25	5.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & \text{S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

JOHN KASH, LLC	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on	-18-2006 and assigned
Florida document number <u>L 06 00000 6.170</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>re</u> :
GLOBAL ALLIANCE BROKERAGE	- LLC
The new name must be distinguishable and end with the words "Limited Liability Compa" L.L.C."	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	ف
Principal office address MUST BE A STREET ADDRESS)	SE SE
	<b>2</b> 92
	<b>ज</b> 📆
Enter new mailing address, if applicable:	ORP RP
Mailing address MAY BE A POST OFFICE BOX)	<b>5</b> 88 8
	ATE STORY
	<b>₹</b> S
B. If amending the registered agent and/or registered office address on eggistered agent and/or the new registered office address here:	our records, enter the name of the new
egistered agent and/or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
. En	ter Florida street address
	, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>itle</u> '	Managing Member <u>Name</u>		Address	Type of Action
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				Kemove
				Add Remove
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. If ame	nding any other inforn	nation, enter change	(s) here: (Attach additional sheets, if necessary.)	_
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Filing Fee: \$25.00