LOwwood Contract

(Requestor's Na	ame)
(Address)	
(Address)	
(City/State/Zip/I	Phone #)
PICK-UP WAI	T MAIL
(Business Entit	y Name)
(Document Nur	mber)
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DEC 24 2014 J. BRUCE

COVER LETTER

	gistration Sectorision of Corp						•
SUBJECT.	SINGULA	R GLOBAL ADVISOR	RS, LLC				
SUBJECT:		Name of Lim	ited Liability Company				
The encloses	d Articles of A	mendment and fee(s) are sub	emitted for filing.		٠		
Please return	n all correspon	dence concerning this matter	to the following:				
		DAVID R SANCHE	Z				
			Name of Person				
		SINGULAR GLOBA	L ADVISORS, LLC				
			Firm/Company				
		6574 N. STATE RO	AD 7 #374				
			Address				
		COCONUT CREEK	, FL 33073	·			
	•		City/State and Zip Code	 	· D	20	
			GULAR-GLOBAL.COM		parter Sarahan Parter Sarahan	=	
		E-mail address: (to be used for future annual report notific	ation)	<u> </u>	330	-
For further i	nformation co	ncerning this matter, please o	all:		(y, 2, 3)		
DAVID S	ANCHEZ	•	305 562-9029			A	
Table 1	Name of I		Area Code Daytime	Telephone Number	LORIDA	10: 53	O
		following amount:	-				
\$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo			

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 Limi		ny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited L Florida document number L06000031628	iability Company	were filed on 03/23/20	and assign	ied
This amendment is submitted to amend the fol-	lowing:	,		
A. If amending name, enter the new name of	of the limited liab	llity company here:		
	1 47' '- 17' 1		W. F. Con.	
The new name must be distinguishable and end with the		7710 Newport Ln	on "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:		Parkland FL 3306		
(Principal office address MUST BE A STRE)	ET ADDKESS)	1 arriand 1 E 3300		
•		· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:		6574 N. State Road 7 #374		
(Mailing address MAY BE A POST OFFICE BOX)		Coconut Creek FL	33073	
B. If amending the registered agent and registered agent and/or the new registered of			ecords, enter the name of	the new
Name of New Registered Agent:	David R Sa	nchez	Fire	2014
New Registered Office Address:	7710 Newp	ort Ln	1 日本	DEC
		Enter Florida street	C)	8
	Parkland		_, Florida 33067 📆 🚓	
New Registered Agent's Signature, if changing	Registered Agent:	City	Zip Gode S	ë (
I hereby accept the appointment as register, provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as p registered office	performance of my dute provided for in Chapter	ies, and I am familiar with a 605, F.S. Or, if this docume	ınd

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name | <u>Address</u> **Type of Action** MGR : David R Sanchez 7710 Newport Ln ■ Add Parkland, FL 33067 ☐ Remove David R Sanchez MGR 808 Brickell Key Dr, Ste 201 □ Add Miami, FL 33131 ■ Remove ☐ Remove □ Add □ Remove □ Remaye _□ Add ☐ Remove

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)	
_	1
-	

E. Effective date, if other than the date of filing:

(Optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

December 8

2014

Signature of a member or authorized representative of a member

DAVID R. SANCHEZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

JALLAHASSEF FLORIE JALLAHASSEF FLORIE

2014 DEC 18 AM 10: 53