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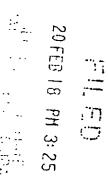
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COVER LETTER

TO: Registration Division of C			
	itigation Support LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Jonathan Golden		
		Name of Person	
		Firm/Company	
	12707 49th Street N. Suite		
	•	Address	
	Clearwater, FL 33762		
	jg@bostonfinancegroup.co	City/State and Zip Code	
		to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
Jonathan Golden		727 497-1661	
Name	e of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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 enclosed)
Mailing Addi Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global Litigation Support LLC	<u> </u>	
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our reco ed Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L11000073790</u> .	my were filed on 06/24/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
Global Litigation Consultants LLC		
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		P .T
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BOX)		2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ce address on our records, <u>ent</u>	er the name of the new regis
	Enter Florida street add	ress
		Florida
	City	Zip Code
		•

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		 	□Remove
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