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(Re	equestor's Name)	<u> </u>
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Dd	cument Number)	•
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Se Division of Cor	ction porations	٠.	
SUBJI	ECT:	REAL ESTAT	E SEAL TEAM LLC	
		Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Tarek Kirschen	
			Name of Person	
		REAL I	ESTATE SEAL TEAM LLC	
		-	Firm/Company	
		16	850 Collins Ave #555	
			Address	
		Sunn	y Isles Beach, FL 33160	
			City/State and Zip Code	,
		F-mail address: (t	tarek@kirschen.us o be used for future annual report notifica	tion
For fur	ther information co	oncerning this matter, please ca	•	iton)
		ek Kirschen	at (90-9900
	Name of	rerson	Area Code & Daytime T	elephone Number
Enclose	ed is a check for th	e 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 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

	STATE SEAL TEAM LL		
(A Flo	bility Company as it now appears rida Limited Liability Company)	on our records.	
The Articles of Organization for this Limited Liabil Florida document number		2/1/2012	and assigned
This amendment is submitted to amend the following	ag:		
A. If amending name, enter the new name of the	limited liability company here	:	
GL	OZAL CAPITAL LLC		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compan	y," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicable	<u></u>		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			-
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or r registered agent and/or the new registered office Name of New Registered Agent:		ir records, enter the	e name of the new
New Registered Office Address:	F	er Florida street add	
	Ente	er Fioriaa street aaart E 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
	<u> </u>		Add Remove
			Add Remove
			Add Remove
			Add Remove
<u>_</u>			Add Remove
			Add Remove
. If amen	ding any other information, enter cha	inge(s) here: (Attach additional sheets, if necessary.)	
			-
<u>-</u>			_
ated	February 29,;	2012 .	
	Signature of a memb	ber or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00