12000020486

| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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T. CLINE

APR 1 7 2012

EXAMINER



April 3, 2012

NORMAN MAGEE 2710 SW PORT ST LUCIE BLVD. PORT ST. LUCIE, FL 34953

SUBJECT: GLOBAL PROPERTY MANAGEMENT & CONSULTING, LLC

Ref. Number: L12000020686

We have received your document for GLOBAL PROPERTY MANAGEMENT & CONSULTING, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 712A00010889

2812 PR 16 PN 3: 07

COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: Global Property Management & Consulting, LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Noman Magee |
| Global Property Management & Consulting |
| 2110 SW Port St. Lucie Blvd. |
| Port St. Lucie, FL 34953 |
| into a 1000 Droperty management-fl. com E-mail addless: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Gwendolyn Purcell at 954, 268-331 Area Code & Daytime Telephone Number |
| Name of Person Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number Enclosed is a check for the following amount: |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee, \$ Certificate of Status Certified Copy Certificate of Status |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy renclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (A | R Florida Limited Liab | ility Company) | O | | | |
|---|-------------------------------|--|---------------------------|-----------------|--|--|
| The Articles of Organization for this Limited L Florida document number <u>L120600</u> | iability Company we 2068 6 | re filed on <u>Februar</u> | Y 13,7012 and | assigned | | |
| This amendment is submitted to amend the foll | owing: | | | | | |
| A. If amending name, enter the new name o | f the limited liability | y company here: | | | | |
| The new name must be distinguishable and end wi "L.L.C." | th the words "Limited | Liability Company," the c | designation "LLC" or t | he abbreviation | | |
| Enter new principal offices address, if applic | able: | | | <u>~ ►></u> | | |
| (Principal office address MUST BE A STREE | TADDRESS) | | | 7 7 | | |
| | - | | HAS | | | |
| Enter new mailing address, if applicable: | | | SEE. | 0 [| | |
| (Mailing address MAY BE A POST OFFICE | | 27.7 27.5 27.5 27.5 27.5 27.5 27.5 27.5 | <u>π</u> | | | |
| | | | RATE | | | |
| B. If amending the registered agent and/ registered agent and/or the new registered of | | address on our reco | rds, <u>enter the nam</u> | e of the new | | |
| Name of New Registered Agent: | Noman | Magee | | | | |
| New Registered Office Address: | • | | | | | |
| | | Enter Florida street address | | | | |
| | City | | , Florida | ida Zip Code | | |
| New Registered Agent's Signature, if changing l | 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:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------------------------|---|--|
| MGR | Gwendolyn Purcell | 27/05W Port St. Lucie, Blud port St. Lucie, FL 34953 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | THE TOTAL TO |
| | - | | ASSESSED OF THE SECOND |
| | | | Remove |
| D. If amendi | ng any other information, enter chang | ge(s) here: (Attach additional sheets, if necessary.) | _ |
| | | | - - |
| | | | |
| Dated | orib 11, 20 | <u>0/2</u> . | |
| - | | Maque er or authorized representative of a member | |
| - | Norman | Mace or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00