12-00020686

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T. CLINE UCI 18 2012 EXAMINER

2012 OCT 17 AM (D: 03

هر ۱	(COVER LETTER			
TO: Registration Section Division of Corporat					
SUBJECT: GLOBAL P		AGEMENT & CONS ed Liability Company	ULTING,LLC		
The enclosed Articles of Amer	idment and fee(s) are sub-	mitted for filing.			
Please return all correspondence	ce concerning this matter	to the following:			
_		NORMAN MAGEE			
		Name of Person			
G	LOBAL PROPERT	Y MANAGEMENT & CO Firm/Company	NSULTING,LL		
	850 NW FEDERAL HIGHWAY, SUITE #192				
_		Address	<u> </u>		
	STU	ART, FLORIDA 34994			
_		City/State and Zip Code			
	info@globa	alpropertymanagement-fi o be used for future annual report no	l.com		
	E-mail address: (to	o be used for future annual report no	stification)		
For further information concer	ning this matter, please ca	all:			
			440.0000		
LINCOLN Name of Pers	PURCELL	at (772)	446-9602 time Telephone Number		
Name of Pers	on	Alea Coue & Day	une relepione Number	l de la constante de	
Enclosed is a check for the fol	lowing amount:				
√ \$25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	ate of Status &	sed)
MAILING Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle	ZEIZ OCT 17 AM D: 03 SECRETARY OF STATE FALLAHASSEE, FLORIDA	fuert di

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL PROPERTY MANAGEMENT & CONSULTING, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _______ 02/13/2012 ______ and assigned Florida document number _______ L12000020686

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:	850 NW FEDERAL HIGHWAY			
(Principal office address MUST BE A STREET ADDRESS)	SUITE # 192	SE	2812	
	STUART, FLORIDA 34994		30	
		TAR' ASS		
Enter new mailing address, if applicable:	850 NW FEDERAL HIGHWAY			•
(Mailing address MAY BE A POST OFFICE BOX)	SUITE # 192	E.S.	25	

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Office Address:	850 NW FEDERAL HIGHWAY, SUITE #192		
The real provide of the real and	Ent	er Florida street ada	lress
	STUART	. Florida	34994
	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

STUART, FLORIDA 34994

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Page 1 of 2

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

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<u>Title</u>	Name	Address	Type of Action			
MGRM	PURCELL, LINCOLN	2710 SW PORT ST LUCIE PORT ST. I UCIE EL 34953 US	Add _√ Remove			
MGRM	PURCELL, LINCOLN	850 NW FEDERAL HIGHWAY SUITE #192 STUART, FLORIDA 34994	Add Remove			
MGRM	MAGEE, NORMAN	850 NW FEDERAL HIGHWAY SUITE #192 STUART, FLORIDA 34994	Add Remove			
MGRM	MAGEE, NORMAN	2710 SW PORT ST LUCIE PORT ST. LUCIE FL 34953 US	Add Remove			
			Add Remove			
D. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.) $\frac{2}{10}$	Add Remove			
<u></u>						
 Dated	OCTOBER 12,,201,	2				
-	Signature of a member or authorized representative of a member					
-	LINCOLN ASHLEY PURCELL Typed or printed name of signee					
Page 2 of 2						

Filing Fee: \$25.00