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SECRETARY OF STATE
SECRETARY OF STATE

D. BRUCE

OCT 2 2 2012

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Cor			**************************************	
SUBJE	CCT;	REVISA , LLC Name of Limit	ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		TAREK	KIRSCHEN Name of Person		
		GIOZAI I	lealty Grup, UC Firm/Company		
		1101 Bri	ckell Avenue 8th Flo	w	
		Miami	F1. 33131 City/State and Zip Code		
		,	© Kirschen, US o be used for future annual report notificati	<u> </u>	
For fur	ther information of	oncerning this matter, please c	all:		! !≥:
	Tarek Name o	Cirschen f Person	at (<u>305)</u> 890, 990 Area Code & Daytime Te	O lephone Number DRIBA	40 VED
Enclos	ed is a check for th	ne 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

(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.)		
(A Florida Ellinted E	iaumity Company)		
The Articles of Organization for this Limited Liability Company	were filed on 5 4 2012	and assigned	
Florida document number <u>L12.000 0 60 275</u> .	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
GLOZAL REALTY GROUP LLO	C		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:	1101 Brickell Avenue	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)	8th Flour	1A.S. 12	
	Miami, F1 33131	<u> </u>	
	_	FII IAR	
Enter new mailing address, if applicable:	1101 Brickell Avenue	- 275 - 扁蠹	
(Mailing address MAY BE A POST OFFICE BOX)	8th plur	- 	
	Miami, F1. 33131	STAN	
B. If amending the registered agent and/or registered off	fice address on our records, enter the	5*	
registered agent and/or the new registered office address here	-		
Name of New Registered Agent:		······································	
New Registered Office Address:			
	Enter Florida street address		
	, Florida	Zip Code	
	City	zip Coae	

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title Address Type of Action** <u>Name</u> SAUL SERNA MGRM ÀAdd Remove □ Add Remove ☐ Add Remove Add Remove □Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October 16 . 2012. Signature of a member or authorized representative of a member TAREX Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00