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COVER LETTER

Divi	ision of Corpo	rations		
SUBJECT:	GLOBAL PA	LACE PROPERTIES LLC		
Sobsect.		Name of Lin	nited Liability Company	
The enclosed	Articles of Ar	nendment and fee(s) are sub	omitted for filing.	
Please return	all correspond	ence concerning this matter	to the following:	
			Balazs No Name of Person	1gy
		Global Pal	acc Proporties Firm/Company	, LLC
		5846 5.	Flamingo Rd	# 520
		Cooper C	Clty/State and Zip Code	33330
		harari. E-mail address:	lior @ g.mail. Con to be used fobliture annual repor	n
For further in	formation cond	cerning this matter, please c	all:	
405			at (95Y) 60	5 8603
	Name of Po	erson	Area Code D	aytime Telephone Number
Enclosed is a	check for the f	ollowing amount:		
■ \$25.00 Fi	iling 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:

TO:

Registration Section

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

GLOBAL PALACE PROPERTIES LLC			
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appea da Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L 1300004207</u>	Company were filed on	1 /	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company h	ere:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the c	designation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regi		ı our records, <u>enter t</u> l	7 FEB 27 AM III the name of the ne
registered agent and/or the new registered office ad	dress here:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
	100	, 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	YOSSI HAREL	5846 SOUTH FLAMINGO RD #520	■ Add
			□ Remove
			□ Change
		<u> </u>	Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
·· ·····			
			□ Remove
			Change
			Remove
			□ C∰nge (17) □ C
			□ Remove
			□ Change

	ny other information, enter change(s) here: (Attach additional sheets, if nece	
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<u> </u>		
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(If an effective date Note: If the date document's effective the record spe	is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the inserted in this block does not meet the applicable statutory filing requirements, this ctive date on the Department of State's records. Excisive a delayed effective date, but not an effective time, at 12:01 at any after the record is filed.	filing.) Pursuant to 605.0207 (3) date will not be listed as the
Dated	10 2 2017.	
	Signature of a member or sulfing fixed representative of a member	7 15
		CB 2
	Buluzs Nagy Typed or printed hande of signee	27 A
	, jpad of printed marie of signer	AH II:
•	Page 3 of 3	

Filing Fee: \$25.00