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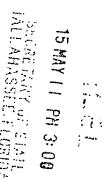
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Registration Section :OT

	E-mail address: (to be used for future annual report notification)
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_	City/State and Zip Code
N	18188 abirof4, imailM
	Address
7	223 East Flagler Street Suite 504
_	Firm/Company
)	Global Elite Protection & Security Consulting LLC
_	Name of Person
ſ	Jose L Cherrez
Please return all corresponden	ence concerning this matter to the following:
The enclosed Articles of Ame	nendment and fee(s) are submitted for filing.
	Name of Limited Liability Company
Global Elite Pro	rotection & Security Consulting LLC
Division of Corpora	rations

(additional copy is enclosed) Certificate of Status & Certified Copy . \$60.00 Filing Fec.

(additional copy is enclosed) Certified Copy & 555.00 Filing Fee &

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) is (

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Certificate of Status & 30.00 Filing Fee &

525.00 Filing Fee ■

Jose L Cherrez

Enclosed is a check for the following amount:

Name of Person

For further information concerning this matter, please call:

STREET/COURIER ADDRESS:

Daytime Telephone Number

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

WAILING ADDRESS:

Tallahassee, FL 32314 P.O. Box 6327 Division of Corporations Registration Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global Elite Protection & Security Consulting		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records. Limited Liability Company)	.)
The Articles of Organization for this Limited Liability C Florida document number	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Enter Florida street address	
	, Flor	
	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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jose L Cherrez	223 East Flagler Street suite 504	= Add
		Miami, FL 33131	□ Remove
			□ Change
MGR	Reinaldo J Gonzalez	223 East Flagler Street suite 504	Add
		Miami, FL 33131	Remove
			Change
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neffective date is listed, the date must be stee: If the date inserted in this block cument's effective date on the Department.	e specific and cannot be pr k does not meet the app	licable statutory fil	' more than 90 days after	filing.) Pursua	nt to 605.0 t be listed
record specifies a delayed e The 90th day after the record	effective date, but in dis filed.	not an effective	e time, at 12:01 a	ı.m. on the	e earliei
May 05	2015				
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