# L13000075636

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### **COVER LETTER**

TO:		istration Sec ision of Corp			<b></b>
GLID ID	COT	Garofalo	Global Realty, LLC		
SUBJE	CT		Name of Lim	nited Liability Company	
The enc	losed	Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn	all correspor	ndence concerning this matter	to the following:	
			Elena Garofalo		
				Name of Person	
			•		
				Firm/Company	
			4025 8th Place		
				Address	
			Vero Beach, Florida	32960	
				City/State and Zip Code	
			elenagvero@gmail.c	om to be used for future annual report notif	ication)
For furt	her in	formation co	oncerning this matter, please c	•	(Callon)
Elena			, , , , , , , , , , , , , , , , , , ,	305 582.2360	
	•	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	d is a	check for the	e following amount:		
<b>■</b> \$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:

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

Garofalo Global Realty, LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records. Limited Liability Company)	,)
The Articles of Organization for this Limited Liability Co	ompany were filed on 5/23/13	and assigned
Florida document number L13000075630	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Garofalo Real Estate and Agent Services, LLC		
he new name must be distinguishable and end with the words "Lim	nited 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)	
		7A S
		SFE CRE
Enter new mailing address, if applicable:		B 2
Mailing address MAY BE A POST OFFICE BOX)		SET WITH
		TI 7
		OR 5
B. If amending the registered agent and/or regist	tered office address on our records,	, enter the name of the no
egistered agent and/or the new registered office addr	ress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
<del></del>	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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			Remove
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tive date, if o	ther than the date of filing: (optional
ctive date, if offective date must	ther than the date of filing: (optional) to be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after to filed by the Florida Department of State)
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date this document	ther than the date of filing:
date this document	ther than the date of filing:  the specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after at is filed by the Florida Department of State)  Signature of a member or authorized representative of a member
ted	t is filed by the Florida Department of State)  16/2015

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Filing Fee: \$25.00

2015 FEB 23 PM 3: 50 SECRETARY OF STAFE TALL AHASSEE, FLORIO.