

L14 0000 32716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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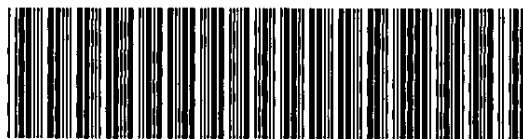
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GLOBAL CONSULTANCY GROUP  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

GLOBAL CONSULTANCY GROUP

Firm/Company

4801 S. UNIVERSITY DRIVE

Address

SUITE 255 DAVIE FL 33328

City/State and Zip Code

MFRANCOIS41@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROL MARSH

Name of Person

at 954

Area Code

773 5660

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

GLOBAL CONSULTANCY GROUP 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 19<sup>TH</sup> JUNE 2014 and assigned Florida document number L14000032316

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:

(Principal office address MUST BE A STREET ADDRESS)

4801. S. UNIVERSITY  
DRIVE, SUITE 255  
DAVIE FL 33328

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4801 S. UNIVERSITY  
DRIVE SUITE 255  
DAVIE FL 33328

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CAROL MARSH	10761 N. PRESERVE	<input checked="" type="checkbox"/> Add
		WAY #208 MIRAMAR	<input type="checkbox"/> Remove
		FL. 33025	
MGR	JACQUELINE CURIE	8203 SOUTH PALM	<input checked="" type="checkbox"/> Add
		DRIVE #120 PEMBROKE	<input type="checkbox"/> Remove
		PINES, FL 33025	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA  
 1 OCT - 3 AM 9:2  
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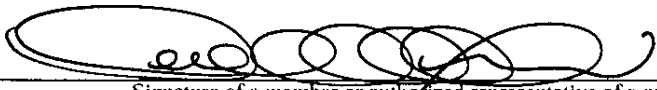
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

STATUS OF CAROL MARSH AND  
JACQUELINE CLARKE TO BE AMENDED  
FROM AUTHORIZED MEMBERS TO MANAGERS

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 30 SEPTEMBER, 2014



Signature of a member or authorized representative of a member

CAROL MARSH

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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