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COVER LETTER

TO: Registration So Division of Con	ection porations		l ,
SUBJECT:	Name of Limi	HCIAL FROM	itects LLC
	1		
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	I
Please return all correspondent	ondence concerning this matter t	to the following:	
	Latars	Sha R. Shu Name of Person	Cuos
i]	2 adol D	Timpucia	Drichitiects LLC
1	19821 N	W2bvE S	Sta 172
	Mison!	OR DENS PL	6 33169
	Globalte E-mail address: (t	to be used for future annual report notific	ication) Com
For further information of	concerning this matter, please ca	all:	
Latore	Sha R Johns	50) at (186) 13 Clas	6615
'Name o	of Person	Area Code Daytime	Telephone Number
•			
Enclosed is a check for t	he following amount:		
\$25.00 Filing;Fee	S30.00 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

alobal Financial Architects 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 4 14 2014 and assigned
Florida document number 114000738482
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 contain the words "Limited Liability Company," the designation "LLC" or the above viation 72. L.C."
Enter new principal offices address, if applicable: Latashar Espansion
(Principal office address MUST BE A STREET ADDRESS) 1025 N 578+
101110M1 Que 0311201
Enter new mailing address, if applicable: 19821 NW 2nd AUES+E175
(Mailing address MAY BE A POST OFFICE BOX) Miling address MAY BE A POST OFFICE BOX)
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: 1 Atorsho R Schusur
Name of New Registered Agent: 2 At DRS NO 97 WOKUSUW New Registered Office Address: 1982114W2ucl DVG 5t=172
New Registered Office Address: Enter Florida street address
Mironi Jordeus, Florida JG 23169

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

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Address</u> **Type of Action** <u>Name</u> ☐ Remove ☐ Change DPV (Remove ☐ Change □ Remove ☐ Change ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add □ Remove _□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

n If am	ending any i	other information, enter	change(s) here	· (Attach add	itional sheets if necess	, mar	
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Note:	ii ine date ir	isserted in this block does no ve date on the Department o	t meet the applici	able statutory fil	ling requirements, this da	te will not be list ORID!	edasthe
If the re (b) The	cord specife 90th day	ies a delayed effective after the record is file	date, but no	t an effective	e time, at 12:01 a.m	ı. on the earli	er of:
Dated	8/3	29/2017	· · · · · ·		; 		
		Signature of	a member or autho	orized representati	ive of a member		
		Lators	sha cre	Jh u 15	().		
				d name of signee			
		•	Page	3 of 3			

Filing Fee: \$25.00