

L15000021221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

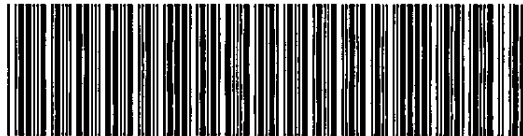
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOV 04 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GLOBAL REAL ESTATE INVESTMENT PROPERTIES, LLC

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:

GUSTAVO MARSHALL

Name of Person

OCEANSIDE INVESTMENT PROPERTIES, LLC

Firm/Company

13560 SW 77TH AVENUE

Address

PINECREST, FL 33156

City/State and Zip Code

GUSTAVOMARSHALL@YAHOO.COM

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

For further information concerning this matter, please call:

GUSTAVO MARSHALL

305

775-3295

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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**

GLOBAL REAL ESTATE INVESTMENT PROPERTIES, 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 02/04/2015 and assigned
Florida document number L15000021221.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

401 NE MIZNER BLVD. #610

BOCA RATON, FL 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

401 NE MIZNER BLVD. #610

BOCA RATON, FL 33432

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:

401 NE MIZNER BLVD #610

Enter Florida street address

BOCA RATON

City

Florida 33432

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	RFW Management, LLC	6538 Collins Avenue	<input type="checkbox"/> Add
		Suite 660	<input checked="" type="checkbox"/> Remove
		Miami Beach, FL 33141	<input type="checkbox"/> Change
AMBR	Oceanside Investment Properties, L	13560 SW 77th Avenue	<input type="checkbox"/> Add
		Pinecrest, FL 33156	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	DS Equity, LLC	401 NE Mizner Blvd. #610	<input type="checkbox"/> Add
		Boca Raton, FL 33432	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

[illegible]

10/24/2015

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 23

2015

2015

Eugene Marshall

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

GUSTAVO MARSHALL

Typed or printed name of signee

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