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(Re	equestor's Name)	
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(Cir	ty/State/Zip/Phone	, #)
PICK-UP	☐ WAIT	MAIL
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GLOBAL	LACCESS GROUP, LLC
UBJECT:	Name of Limited Liability Company
ne enclosed Articles of	Amendment and fee(s) are submitted for filing.
ease return all correspo	ondence concerning this matter to the following:
	Jeremy Fleischman
	Name of Person
	GLOBAL ACCESS GROUP, LLC
	Firm/Company
	2775 NE 187 ST Apt. 520
	Address
	Aventura, FL 33180
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information of	concerning this matter, please call:
Jeremy Fleischma	n 786 301-8252
•	at ()

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy (additional copy is enclosed)

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

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT

FILED

ARTICLES OF ORGANIZATION APR 16 PH 2: 41 **OF**

SECRETARY OF STATE TALLAHASSEE, FLORIDA

GLOBAL ACCESS GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Suite Sunn Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	mpany here:
A. If amending name, enter the new name of the limited liability come. The new name must be distinguishable and end with the words "Limited Liability Comp. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	npany," the designation "LLC" or the abbreviation "L.L.C." 60 Collins Avenue re 107 re 107 re 18les Beach, FL 33160 60 Collins Avenue
The new name must be distinguishable and end with the words "Limited Liability Comp. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Suite Sunn Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	npany," the designation "LLC" or the abbreviation "L.L.C." 60 Collins Avenue re 107 re 107 re 18les Beach, FL 33160 60 Collins Avenue
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Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Suite Sunn Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ne 107 nny Isles Beach, FL 33160 60 Collins Avenue
Suite Suite Suite Sunn Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Suite	iny Isles Beach, FL 33160 60 Collins Avenue
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Suite	60 Collins Avenue
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Suite	
(Mailing address MAY BE A POST OFFICE BOX) Suite	e 107
	ny Isles Beach, FL 33160
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ldress on our records, enter the name of the
18660 Collins Aver	enue, Suite 107
New Registered Office Address:	Enter Florida street address
Sunny Isles Beach	sh 33160
City	, Florida

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 = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Fleischman, Jeremy I	2775 NE 187 ST	□ Add
		Apt. 520	■ Remove
		Aventura, FL 33180	■ Remove
MGR	Fleischman, Jeremy I	18660 Collins Avenue	A dd
		Suite 107	☐ Remove
		Sunny Isles Beach, FL 33160	
MGR	lan Ludmir	18660 Collins Avenue	= Add
		Suite 107	□ Remove
		Sunny Isles Beach, FL 33160	
MGR	Fleischman, Irving J	18660 Collins Avenue	Add
		Suite 107	Remove
		Sunny Isles Beach, FL 33160	
			Remove
			
			Add
			□ Remove

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effective date must be specific, canno	date of filing: (optional) of the prior to date of receipt or filed date and cannot be more than 90 days after
e effective date must be specific, canno e date this document is filed by the Flor	ot be prior to date of receipt or filed date and cannot be more than 90 days after rida Department of State)
e effective date must be specific, canno e date this document is filed by the Flor	ot be prior to date of receipt or filed date and cannot be more than 90 days after rida Department of State)
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e effective date must be specific, canno e date this document is filed by the Flor April 13 ated	st be prior to date of receipt or filed date and cannot be more than 90 days after rida Department of State) 2015 Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

