## 15000044121

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(Orty/Otale/Ziph Hone #)
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## **COVER LETTER**

TO: Registration 5 Division of Co			
	RESERVE PARTNERS LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
	•		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	GARY M. SINCLAIR		• .
		Name of Person	
	GARY M. SINCLAIR AT	TORNEY AT LAW	
		Firm/Company	<del></del>
	2043 N MOHAWK STRI	EET 1N	
		Address	
	CHICAGO IL 60614		
		City/State and Zip Code	
	gary@garyslaw.com		
For further information	concerning this matter, please c	to be used for future annual report notif all:	ication)
Gary M. Sinclair		773 871-4389	
Name	of Person		Telephone Number
Enclosed is a check for	the following amount:		
<b>≘</b> \$25.00 Filling 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)
MAI	LING ADDRESS:	STREET/COURI	ER ADDRESS:

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL RESERVE PARTNER			
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears o Liability Company)	on our records.)
The Articles of Organization for this Limited I Florida document number L15000044121	Liability Company	were filed on 03/11	1/2015 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here	;
he new name must be distinguishable and contain the	words "Limited Liabi	htv Company," the desi	gnation "LLC" or the appreviation "L.L.C."
Enter new principal offices address, if appli	cable:	10532 NW 68th Court	
Principal office address MUST BE A STREET ADDRES		Parkland FL 330	76
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		10532 NW 68th	Court
		Parkland FL 33076	
			·
3. If amending the registered agent and registered agent and/or the new registered of			our records, enter the name of the
Name of New Registered Agent:	CHARLES W	ARREN	
New Registered Office Address:	10532 NW 68	8th Court	
		Enter Florido	i street address
	PLANTATION	1	Florida <u>33076</u>
		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 Registured

Page 1 of 3

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>	Name	Address	Type of Action
	·		Add
			Remove
			☐ Change
		· 	Add
	•	·	Remove
			Change
			☐ Remove
			Change
			Remove T
			Gehar
	·		Add B
			□ Remove
			Change
	•		Remove
			□ Change

Effective date, if other than the date of filing:  (optional)  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purst  Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	
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	e earlier o
June 13 2018	
Close C.	
Signature of a member or authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00