## L15000080710

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	,
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE FALLAHASSEE, FLORIDA SECRETARY OF STATE DIVISION OF CORPORATION

JUN 0 9 2015

R MASON

## **COVER LETTER**

TO:			·	ž.		
emp n	GLOBAL (	QUALITY REAL ESTATE SO	LUTIONS, LLC			
SUBJI	XI;	Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspo	GLOBAL QUALITY REAL ESTATE SOLUTIONS, LLC    Name of Limited Liability Company				
		LUIS OSCAR TORRES				SECRETARY OF STAT
			Name of Person		_	
			Firm/Company		-	
		9450 SW 72ND ST			_	
			Address			
		MIAMI FLORIDA 33173			_	
		LOTOPPESOCIODAL DI	·			
		<del>-</del>		notification)		20€
For fur	ther information c		•	·		
LUIS	O TORRES		_	0		
	Name o	f Person	Area Code Da	ytime Telephone Numbe	er	
Enclos	ed is a check for the	he following amount:				
\$2	5.00 Filing Fee		Certified Copy	Certifica Certifie	ate of Status & d Gerry	c 0 PP3
	Registi Divisio P.O. B	ration Section on of Corporations ox 6327	Registration S Division of Co Clifton Buildi	ection orporations ng re Center Circle	AM 4: 09 OF STATE E. FLORIDA	ORPORATIONS

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL QUALITY REAL ESTATE SOLUTIONS				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records. Liability Company)	)		
The Articles of Organization for this Limited Liability Company Florida document number L15000080710	were filed on MAY 06, 2015	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	6985 COLLINS AVENUE - HOTEL CRISTAL BEACH			
(Principal office address MUST BE A STREET ADDRESS)	EXECUTIVE OFFICE			
	MIAMI BEACH, FLORIDA 33141			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of	N/A  office address on our records.	enter the name of the new		
registered agent and/or the new registered office address her				
Name of New Registered Agent: N/A				
New Registered Office Address:	Enter Florida street address			
	, Florida			
	City , Filol	Zip Code		
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and provided for in Chapter 605, F	d I am familiar with and S.S. Or, if this document is		

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage,	enter the title,	name, a	nd address of	<u>f each person</u>	being added
or removed fro <u>m our records</u> :					

MGR = Manager

AMBR = Authorized Member Type of Action **Address Title** <u>Name</u> **ELLIOTT LEVY AMBR** 6985 Collins Avenue Hotel Cristal Beach. Executive Off. | Remove Miami Beach FL, 33141 □ Add ☐ Remove ☐ Change  $\square$  Add □ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change:

f amending any other information, enter change(s) here: (Attach additional sheets, if n		
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a ote: If the date inserted in this block does not meet the applicable statutory filing requirements, becument's effective date on the Department of State's records.	<b>ptional)</b> fter tiling.) Pu this date wili	ersuant to 605.0207 I not be listed as
record specifies a delayed effective date, but not an effective time, at 12:0. The 90th day after the record is filed.	1 a.m. on	the earlier of
ted JUNE 04 2015	SECRET TALLAHA	SECRETA DIVISION OF
Signature of a member of authorized representative of a member	WHY OF ST	ARY OF A
Typed or printed name of signee		S FAT

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Filing Fee: \$25.00