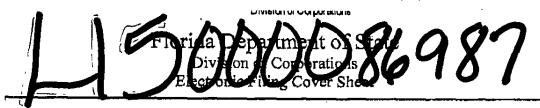
IMNONSO 10



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000266853 3)))



H180002668533ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GULATI LAW
Account Number : 120130000014
Phone : (407)900-5054
Fax Number : (407)517-4931

\*\*Enter the email address for this business entity to be used for future abnual report mailings. Enter only one email address please.\*\*

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GLOCAL CONSULTING GROUP, LLC

 Certificate of Status
 0

 Certified Copy
 0

 Page Count
 04

 Estimated Charge
 \$25.00

16 OCT 28 AM 8: 58 OWISION OF CORPORTANION

16 OCT 28

SECRETARY OF

Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS

OCT 3.1 2016

15

## COVER LETTER

	Registration Sc Division of Cor			-
SUBJEC	GLOCAL (	CONSULTING GROUP, LLC		
\$ O DO D C	**	Name of Lim	ited Liability Company	
The engle	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Ploase tet	um all correspo	ndence concerning this matter	to the following:	
		SARAH GULATI, ESQ		
			Name of Person	
		Gulati Law, p.l.		
			Firm/Company	
		479 MONTGOMERY PL	ACB .	
			Address	
		ALTAMONTE SPRINGS	, FLORIDA 32714	
			City/State and Zip Code	<del>"</del>
		OFFICE@GULATILAW.C	COM to be used for future annual report no	Waa Na
For furthe	r information co	oncerning this matter, please o	•	time and y
	GULATI, ESQ		407 421-5741	
<del></del> -	Name of	Person	at (	me Telephone Number
Enclosed	is a cheok for th	e following amount:		
<b>⊡ \$</b> 25.0	0.Piling Fee	■ \$30.00 Filing Fea & Certificate of Status	☐ \$55.00 Filing Pee & Certified Copy (additional copy in enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUP Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Clability Comp (A Florida Limited	onny as it now annears on our records.) Liability Company)	5 6
The Articles of Organization for this Limited Liability Companies Florida document number L15000086987  This amendment is submitted to amend the following:		OCER 28 AN 8:58
A. If amending name, enter the new name of the limited lia	bility company here:	8: <b>58</b>
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	6735 CONROY WINDERMERE ROAD	,
(Principal office address MUST BE A STREET ADDRESS)	SUITE 331,	
	ORLANDO, FLORIDA 32835	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If smending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter t	he name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Futer Linuth 2n cet fill #22	
	Florida	mr. Carl
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

GLOCAL CONSULTING GROUP, LLC

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 = M AMBR = A	lunager .uthorized Member		
Title	Name	Address	Type of Action
			□ Add
		<del></del>	□ Remove
		<del></del>	D Change
			Add
			□ Remove
			Change
			Add
			T C T
			Change
		·	
			- Remova
			Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
			□ Remove
			□ Change
<del></del>			
			CI Remove
			Change

_	······································	·		<del></del>		- <u></u>
						<u> </u>
	<del></del>					
			<u> </u>	,		
						1415
		•			_	16 OCT 28
						<del>2 2</del> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
***		<del></del>				
	<del></del>	<del></del>		<del></del>	·· <del>······</del>	= J
_			<del></del> ,	<u> </u>		<u></u> @
-		<del></del>	<del></del>	<del></del>	<del></del>	
-				·		
_						
	<del></del>		<del></del>	<del></del>	·	
_						
		<u></u>		· · · · · · · · · · · · · · · · · · ·		
_						
ote: I	ve date, if other that dive date is listed, the da If the date inserted in t ant's effective data on	inia block does not	t meet the applica	able statutory filing	(options than 90 days after grequirements, this	nal) Siing.) Pusuant to 605.02 date will not be listed :
rec <sub>i</sub> The 1	ord specifies a de 90th day after the	layed effective a record is file	: date, but no d.	t an effective t	ime, at 12:01 a	.m. on the earler
ited_	OCTOSER	27	2016	<del>,</del> •		
	_ uy	2 Signifature htt		nizou replesentative	of a member	
	7	n-Engrand At		· ····································	A = = 1= 1-14AP	

Page 3 of 3

Filing Fee: \$25.00