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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER , , ,

то:	Registration Sec Division of Corp		``````````````````````````````````````	; F
SUBJ	¥ JECT:	Global Re	alty Doral, Cuc led Liability Company	
The e	enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Pleas	e return all correspor	ndence concerning this matter t	o the following:	
		Osw	aldo Abrev Name of Person	
		<u>Giobal</u>	Realty Doral, UC Firm/Company	<u>. </u>
		9585 Nu	U 41st. Street	
		Doral,	Florida. 33178 City/State and Zip Code	,
		realtyworld E-mail address: (1	doralcenter@G o be used for future annual report notif	mail.com
For fi	urther information co	oncerning this matter, please ca	dl:	
	Vivian A	breu Person	at (]86) 23] O Area Code Daytime	Telephone Number
Encle	osed is a check for th	e following amount:		
F \$	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

	OF	2 3 2
(Name of the Limited Liability Comp (A Florida Limited	Doral, UC. nany as it now appears on our records.) I Liability Company)	S AUG 24 CRETARY O
The Articles of Organization for this Limited Liability Compan	y were filed on <u>06/16/2</u> 0	and assigned
Florida document number <u>L15000105125</u> .		2: 12
This amendment is submitted to amend the following:		10
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the new
New Registered Office Address:		
	Enter Florida street address	
		da Zip Code
		-4:

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:

	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alberto Pascual	9585 NW 41 St. Donal, Fl. 33178	D Add
			_ Kemove
			Change
MGR	Oswaldo Abreu	9585 Nw 41 St. Doral, Fl. 33178	Add Mark
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ote: If the date inserted ocument's effective dat	d in this block does no	ot meet the applicable	statutory filing requi	rements, this d	ate will not	t be listed
/ Circuit of Circuit Call	e on the Bepartment	or state a records.				
e record specifies a	a delayed effectiv	e date, but not ar	effective time,	at 12:01 a.r	n. on the	e earliei
The 90th day after						
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ated <u>08/21/2</u>	2015		1900			
		April				
	Signature o	f a member or authorized	d representative of a me	L13	2#15	
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