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## **COVER LETTER**

Division of Corpo	rations		
subject: <u>7517</u>	Sierra Dr. E	LLC	
- ;	Name of Limi	ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Mark I. Ing	Stor CPAPA Firm/Company	
i i	5550 Glade	5 Rogd Suite 411	
	Boca Katon	City/State and Zip Code  A. CC  o be used for future annual report notif	
	Mark @ MIICO E-mail address: (1	A . CC A o be used for future annual report notif	ication)
	cerning this matter, please ca		
Mark I. M. o Name of P	ghe -	at (954)	7109
Name of P	erson	Area Code Daytime	e Telephone Number
Enclosed is a check for the	following amount:		
X \$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 Se	ction	Street Address: Registration Sec	etion

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

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF	022 (LL	
7517 Sierrs Dr. F. LLC.	ID22 JUL	·!
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	-8 AH	1
The Articles of Organization for this Limited Liability Company were filed on $10/6/30/5$	and assigned	10
Florida document number <u>L1500C169891</u> .	05 € <b>6</b>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
Global Casital Procest y Management LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbriliance of the company of the designation of the company of the com	eviation "L.I.C."	<del></del>
Enter new principal offices address, if applicable: WA		_
Principal office address MUST BE A STREET ADDRESS)		_
		_
Patana and an allegate address of a multipation.		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		_
Mailing address MAT BE A FOST OFFICE BOX)	<del></del>	_
	_	_
B. If amending the registered agent and/or registered office address on our records, enter the name agent and/or the new registered office address here:	of the new regis	<u>tered</u>
Name of New Registered Agent:	<del></del>	_
New Registered Office Address:  Enter Florida street address		_

## 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.

City

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 = Manager

'AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ve date, if other than the ective date is listed, the date mu If the date inserted in this b	ist be specific and canno	it be prior to date of f	ling or more than 90	days after filing.)	Pursuant to 60
ent's effective date on the D			ory ming requires	iems, mis date v	in not be ns
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	Signature of Amembe				