(Requestor's Name)	_
(Address)	_
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(City/State/Zip/Phone #)	—
PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Document Number)	_
Certified Copies Certificates of Status	_
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OCT 1 9 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corpo				
SUBJECT:	Globerns Name of Lim	lers Consulting ited Liability Company	HLLC	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
		nee Jimenez Name of Person)	
	Ma	Je Law Mizu	<u>i</u>	
	175 '	SW F" STreet	240	- (A)
	Mizn	City/State and Zip Code	<u> </u>	
	E-mail address: (1	wolfelawmiars be used for future annual report notifical	ni.(om tion)	(i) 5
For further information con-	cerning this matter, please ca	at(305)_384_	1310	
Enclosed is a check for the	following amount:			
\$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)	
	G ADDRESS:	STREET/COURIER	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

Globemasters C	Lonsulting, LLC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our decords.)
The Articles of Organization for this Limited Liability Company	were filed on 114 2016 and assigned
Florida document number 11600015782.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	175 SW 7 Street 5
(Principal office address MUST BE A STREET ADDRESS)	#2410
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Miani Fl. 35136 gf 175 Sw 7 Street # 240 Miani, Fr. 35130
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	2 ichard C. Wolfe
New Registered Office Address:	75 Sw 7 Steet # 2410 Enter Florida street address
	City, Florida 133(30) 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 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 = AMBR =	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
Map	Michelle S. Wolfe	175 Sw 7 Street	BAdd
V	v	£2410	□ Remove
		Mizmi FL. 3313	30 □ Change
Ugz	Kichard C Wolfe	Mi2mi FL. 3313 1755w7 Street	52 Add
υ	U	世2410	□ Remove
		Mizny FL. 33130	Change IALL AHA
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Page 3 of 3

Filing Fee: \$25.00