

L16000026415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

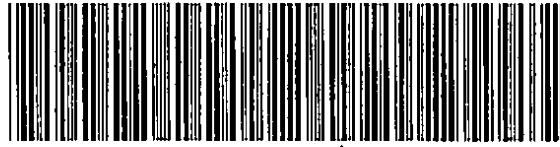
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M. MILLIGAN

AUG 07 2017

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 AUG - 7 AM ID: 16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Global Management Systems, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly McBride
Name of Person

Global Management Systems, LLC
Firm/Company

13762 W. State Road 84 # 212
Address

Davie, FL 33325
City/State and Zip Code

globalmanagementsystemsllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly McBride at (954) 901-2546
Name of Person Area Code Daytime Telephone Number

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)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 AUG -7 AM 10:16

Global Management Systems, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/08/2010 and assigned
Florida document number L14000020415.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

2890 State Rd 84 #113
Dania Beach, FL 33312

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Kelly McBride

New Registered Office Address:

2890 State Rd 84 #113

Enter Florida street address

Dania Beach

City

Florida

33312

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.

Kelly McBride

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>	<u>Type of Action</u>
MGR	Michael Hendrick	13702 W. State Rd 84 #212	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		Davie, FL 33325	<input type="checkbox"/> Change
GR	Kelly McBride	13702 W. State Rd 84 #212	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		Davie, FL 33325	<input type="checkbox"/> Change
MGR	Andre Mayberry	13702 W. State Rd 84 #212	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		Davie, FL 33325	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

b) The 90th day after the record is filed.

Dated July 26, 2017

Kelly McBride
Signature of a member or authorized representative of a member

Kelly McBride
Typed or printed name of signee

17 AUG - 7 AM 10:16

SECRETARY OF STATE
DIVISION OF CORPORATIONS