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(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Global Cons	ervation Association Liability Company	es LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brac	L F. Andrews Name of Person	
	Global	Conservation Firm/Company	Assocites
	5760	Round Lake &	59
	brod andress: (City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	712 il. com
For further information c	oncerning this matter, please ca)	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

(Name of the Limited Liability Compan (A Florida Limited Li	ervation Associates us y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 16 000 93758</u>	were filed on 5/12/16 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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:	
New Registered Office Address:	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familiar with and vovided for in Chapter 605, F.S. Or, if this document is

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>	Address	Type of Action
MGR	Brad F. Andrews	5760 Round Lake Rd Apopka FL 32712	\ Add
		Apopka FL 32712	Remove
			□ Change
AMBR	Alice D. Andrews	Seme address	🗖 Add
		as above	Remove
			Change
			Add
		HA>SSEE	Remove Change Change Solution
			Change
			□ Add
		-	□ Remove
			Change
			□ Add
			Remove
			Change

_	Please add Brad F. Andrews	
` -	as MG-R	
- - -	Please change Alice D. Andrews to AMBR.	
_ _		
-		
-	75.	
-	LAHASSE	T mades
ll'an eff Note:	ive date, if other than the date of filing:	0207 d as 1
he red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of
Dated :		
	Signature of a member or authorized representative of a member Alvie D. Andrews Brad F. Andrew Typed or printed name of signee	ىرح

Page 3 of 3

Filing Fee: \$25.00