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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Co				
SUBJE	CT.	Global Brokerage Alliance, I	LLC		
SUBJE	ci	Name of Lin	nited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
			Catia Pisa		
			Name of Person		
		(Global Brokerage Alliance, LLC		
	Firm/Company				
		301 E. Ocean Avenue, Suite #3			
	Address Lantana, FL 33462				
			City/State and Zip Code	-	
		-	globalbrokeragealliance.com		
		E-mail address: (to be used for future annual report	notification)	
For furth	ner information c	oncerning this matter, please c	all:		
	Catia F	risa	561 540-3 at ()		
	Name o	f Person	Area Code Day	time Telephone Number	
Enclosed	l is a check for th	ne following amount:			
\$ 25.0	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



	Global Brokerage Alliance, LLC	2813 NAR -5 A 114 NA
(Name of the Limit	ed Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liferida document numberL16000149968		08/10/20TALL AHASSEE FUBRIUA and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company hero	3:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the des	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	ıble:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
B. If amending the registered agent and/or the new registered of	or registered office address on office address here:	our records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	ı street address
		, Florida
	City	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	STELLA SUAREZ-RITA	301 E. Ocean Avenue, Ste #3, Lantana, FL 33462	Add
			Remove
			Change
AMBR	JAMES MCLANE	301 E. Ocean Avenue, Ste #3, Lantana, FL 33462	
			Remove
			☐ Change
			□ Remove
			Change
			
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	<u> </u>
,	
	03/01/2019
(If an ef <u>Note:</u>	(optional) fective date, if other than the date of filing: fective 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)(the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the red b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	$M = \frac{1}{2}$
	Signature of a member or authorized representative of a member
	Azifa Pisa
	Typed or printed name of signee

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Filing Fee: \$25.00