Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Number : FCA00000023 Phone : (614)230-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

Electronic Filing Menu

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GLOBAL FINANCIAL ADVISORY, LLC

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Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Corporate Filing Menu

Help

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JUL 23 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global Financial Advisory, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our record Limited Liability Company)	ds_)
The Articles of Organization for this Limited Liability Co Florida document number <u>L16000182123</u>	ompany were filed on 9/29/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
AlphaPeak Insurance Agency, LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	FSSI	, <u></u>
(Principal Office duaress WOST BE A STREET ADDIC		<u> </u>
		2
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Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		_
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B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	ress here:	is, enter the name of the new
New Registered Office Address:		
New registered Office Address.	Enser Florida strees addre	25.
	, F	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	I Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and coacept the obligations of my position as registered ageing filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, c zent as provided for in Chapter 605,	ind I am familiar with and , F.S. Or, if this document is
	If Changing Registered Agent, Signature	e of New Registered Agent

MGR = Manager

AMBR = Authorized Member

To: Page 4 of 5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	Name	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			C Remove
			☐ Change
			□ Add
			□ Remove
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ffective date, if other than the effective date is listed, the date is listed the date interted in this ocument's effective date on the	s block does no	t meet the applic	ante statutory t	r more than 90 days	optional) after filing.) Pursua , this date will not	nt to 605.02 be listed
e record specifies a delay The 90th day after the r	yed effective record is file	e date, but no d.	ot an effectiv	e time, at 12:0)1 a.m. on the	e earlier
ated	<u>l</u> o	. 20:8	<u>_</u> .			
	Signature of	a member or sust	orized represents	live of a member	<u></u>	

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Filing Fee: \$25.00