L 17000061213

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJEC		APP DEVELOPMENT LLC		
SUBJE	JI:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		MARSHA SIHA		
		·····	Name of Person	
		INCFILE.COM LLC		
	-		Firm/Company	
		17350 STATE HWY 249	STE 220	
	-		Address	
		HOUSTON, TX 77064		
		EFILE1234@INCFILE.CO	City/State and Zip Code	
		E-mail address: (o be used for future annual report not	ification)
For furth	er information co	oncerning this matter, please ca	all:	
MARSH	IA SIHA		888 462-3453	
	Name of	f Person		ne Telephone Number
Enclosed	l is a check for th	e following amount:		
□ \$25.i	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)
		ING ADDRESS:	STREET/COUR	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLO	BAL APP DEVELOPMENT LLC	
(Name of the Limited Liabi (A Flori	ility Company as it now appears on our r da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on 03/16/2017	and assigned
Florida document number L17000061213	·	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADD</u>	RESS)	
		
-		NOT TOPE
Inter new mailing address, if applicable:		20 क्री 9 _{जर्} ह
Mailing address MAY BE A POST OFFICE BOX)		19 21-
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		200
3. If amending the registered agent and/or registered agent and/or the new registered office ad		cords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	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>	<u>Address</u>	Type of Action
CEO	ALEXANDER NAPOLES	18441 NW 2ND AVE	
		STE 218B	■ Remove
		MIAMI FL 33169	Change
CEO	JOHN B BARNES	18441 NW 2ND AVE	
		STE 218B	☐ Remove
		MIAMI FL 33169	■ Change
			□ Remove
			Change
			
			□ Remove
			Change
			□ Add
			□ Remove
			□ Change
			Add
			Remove
			Change

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<u>ote:</u> If the date inser	l, the date must be sp ted in this block d	ecific and cannot be pr	licable statutory	or more than 90 days as filing requirements, t	otional) fter filing.) Pursuant to this date will not be	605.020 listed a
record specifies The 90th day aft	a delayed effe er the record i	ective date, but i s filed.	not an effectiv	ve time, at 12:0:	1 a.m. on the ea	rlier o
JUNE 22nd		. 2018 Mwsh	- Dih	~		
	Signa	ture of a member or au	thorized represent	ntive of a member		

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Filing Fee: \$25.00