

L17000091580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

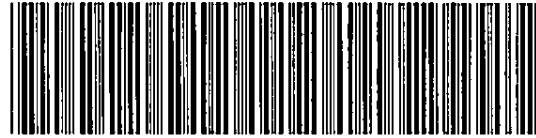
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500306392365

12/06/17--01018--006 **25.00

FILED
17 DEC - 8 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BF
12/11/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOBAL PROPERTY ESTATE, 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:

MANOHAR JAIN

Name of Person

GLOBAL PROPERTY ESTATE, LLC

Firm/Company

4800 S. APOPKA VINELAND ROAD

Address

ORLANDO, FL 32819

City/State and Zip Code

jainemergicare@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANOHAR JAIN

407 876-5555
at ()

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**

GLOBAL PROPERTY ESTATE, 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 04/25/2017 and assigned
Florida document number L17000091580.

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:

4800 S. APOPKA VINELAND ROAD

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32819

Enter new mailing address, if applicable:

4800 S. APOPKA VINELAND ROAD

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32819

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:

MANOHAR JAIN

New Registered Office Address:

4800 S. APOPKA VINELAND ROAD

Enter Florida street address

ORLANDO

City

Florida

32819

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>	<u>Type of Action</u>
MGR	ROBERT WOLFE	823 STEPHENS PASS COVE	<input type="checkbox"/> Add
		LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MANOHAR JAIN	4800 S. APOPKA VINELAND RD	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

RECEIVED
COUNTY OF FLORIDA
DEPARTMENT OF
NATURAL RESOURCES
JAN 14 2008
8:30 AM

[illegible]

(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)

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

12-04-2017

ROBERT WOLFE / MANHOAR JAIN

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA