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TO:

SUBJECT:

Registration Section
Division of Corporations

	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Roberto Santoni				
		Name of Person		-	
	Santoni Law, P.A., d/b/a	Florida In-House Counsel Law G	Froup		
		Firm/Company		18 18	
	4820 New Broad Street			AUG L AHI	77
		Address		- 1 Sy	
	Orlando, Florida 32814			AUG 13 AH 8:21	0
		City/State and Zip Code		# 8: 21 FLORIDA	
	rsantoni@FIHCLawGrou	p.com		DA DA	
	E-mail address: (to be used for future annual report notific	cation)		
For further information c	concerning this matter, please c	all:			
Roberto Santoni		407 233-3490			
Name c	of Person		Telephone Number	<u> </u>	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

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 Iskandar, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records d Liability Company)	7)
The Articles of Organization for this Limited Liability Compar	ny were filed on	and assigned
Florida document number L17000125742		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		- E- 6
		3 E
		Elor ci
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		22
B. If amending the registered agent and/or registered	office address on our records.	enter the name of the
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the
		enter the name of the
registered agent and/or the new registered office address he	ere:	enter the name of the
registered agent and/or the new registered office address he Name of New Registered Agent:		

New Registered Agent's Signature, it 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	Alexander Penaloza	3522 Southpointe Drive	∃ Add
		Orlando, Florida 32822	□ Remove
			☐ Change
			
			☐ Remove
			Change
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			☐ Remove
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			08/09/2018	}			
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Filing Fee: \$25.00