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(ICE	questors Marrie)	
(Ad	ldress)	
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Statement of Constian

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## COVER LETTER

TO:

CR2E062 (9/15)

Registration Section

Division of C	Corporations					
SUBJECT:	GLOBAL BROKER INVESTMENTS LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Statemen	nt of Correction and fee(s) a	are submitted for filin	g.			
Please return all corres	spondence concerning this t	matter to the followin	g:			
	ELIEZER DURAN					
	Name of Person		_			
DURA	N GROUP & ASSOCIATE	S, P.A.				
	Firm/Company		_			
1001 N	FEDERAL HWY, SUITE 3	355				
·	Address		-			
HALL	ANDALE BEACH, FL 330	09				
	City/State and Zip Code	<u>.</u>	_			
INFO	)@DURANGROUPPA.CO	M				
E-mail address: (	to be used for future annua	l report notification)	_			
For further informatio	n concerning this matter, pl	ease call:				
JUAN	A RUBIO	305	491-9442			
Nam	e of Person	at (at Code	Daytime Telephone Number			
P.O. Box 6	n Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for	or the following amount:					
■\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy			

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

<u> 1RST</u> : T	he name of the limited liability company is:	GLOBAL BROKER INVES	STMENTS LLC	
ECOND		imited liability company is:	L17000248190	
HIRD:	Document to be corrected is:	AND COMPLETE THE APPL	ICARI E STATEA	IFN'T
	ontains an incorrect statement. The incorrect statement are as follows:			
	Article III: WHOLESALE DISTRIBUTOR (DEA	ALERS OF PRECIOUS METALS	)	<u>_</u>
] W	OR Vas defectively signed. The manner in which to s follows:	he document was defectively sig	gned and the appropr	riate correction are
- - 0	DR.			39
	he electronic transmission of the record was d	efective.	11-21-2	019.
ignature	Signature of Authorized Representation of new registered agent, if applicable :( NOTE the designation).		Date	
hereby a provisions obligation	stered Agent's Signature, if changing Register cept the appointment as registered agent and sof all statutes relative to the proper and comps of my position as registered agent as provide hange in the registered office address, I herebyinge.	l agree to act in this capacity. I fo plete performance of my duties, a ed for in Chapter 605, F.S. Or, ij	ınd I am familiar wi Ethis document is be	th and accept the ing filed to merely
	Regi	stered Agent's Signature		
	Filing F Certified Cop		al)	