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(Re	questor's Name)	
(Ád	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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DIVISION OF CORPORATION

N COOPER JUN 2 0 2018

## **COVER LETTER**

то:	Registration Section Division of Corpor			
SURJ	ECT:	Global Bus Name of Limi	ives Properties GV	LLC
The er	nclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please	return all corresponde	nce concerning this matter	to the following:	
			eyla D' Pada	
		Cor	150 Team LLC Firm/Company	<del></del>
		2600 S Do	uglas Rol Suile	508
	-	Coral G Keyla-d	alles Florida 3 City/State and Zip Code  Ocola @ amail (	
For fu	rther information conce	erning this matter, please ca	at:	
	Keyla DI Name of Per	Paola	at (305) 5105 Area Code Daytime	7699, Telephone Number
Enclos	sed is a check for the fo	ollowing amount:		
<b>≱</b> \$2	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

(Name of the Limiter	Business Proper	hes GV LLC	_	
(A	Liability Company as it now appears A Florida Limited Liability Company)	,		
The Articles of Organization for this Limited Lia	bility Company were filed on	12/06/2017 and	i assigne	ď
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of	he limited liability company he	<u>re</u> :		
The new name must be distinguishable and contain the wo	rds "Limited Liability Commony." the do	esignation "LLC" or the abbreviation	n "L.L.C."	<del></del>
_				
Enter new principal offices address, if applica	ole:		18	<del>- 1</del>
<u>Principal office address MUST BE A STREET</u>	ADDRESS)			<del>- 2</del> 6
			<u>=</u>	<u> </u>
			20	- # > T
Enter new mailing address, if applicable:			70	<u> </u>
Mailing address MAY BE A POST OFFICE B	<u></u>	•		35
mating address WAT DE AT UST OF FEEL D			<del></del>	
		<u> </u>	<del></del>	- 75
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, enter the na	<u>me of t</u>	he nev
Name of New Registered Agent:				<u>-</u>
New Registered Office Address:	Fater Flor	ida street address	<u>-</u>	<del></del>
	Sec. 1 (or)			
	City	, Florida Zio C	ode.	
	Çığ	Σφ C		

#### 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>	Name	Address	Type of Action
MGR	Caustavo Vera.	465 Blickell Avenue.	🗆 Add
ı		st 3302 Mami FL	Remove
		33131	□ Change
MGR	Jean Claude Vera	465 Brickell Ave,	Add
		ST 3302 Miami FL	☐ Remove
		33131	Change
			☐ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			🗅 Add
			□ Remove

Effective date, if other than the date of filing:  (aptional)  If an effective date, if other than the date of filing:  (aptional)  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.  Note:  (The date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The 90th day after the record is filed.  Signature of a member or authorized representative of a member  Author  Typed or printed name of signer.			
Effective date, if other than the date of filing:  (optional)  If an ellective 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 603.0207.  Note: If the date inserted to this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated OG / 18/2013  Signature of a member or authorized representative of a member.	_		
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Filing Fee: \$25.00