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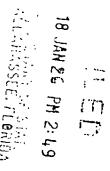
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## **COVER LETTER**

	Registration Se Division of Cor			
eup tez		nity Three LLC		
SUBJEC	.l:	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	ondence concerning this matter	to the following:	
		James P. S. Leshaw		
			Name of Person	<del></del>
		Leshaw Law P.A.		
			Firm/Company	
		240 Crandon Boulevard, S	uite 248	
			Address	
		Key Biscayne, FL 33149		
		_	City/State and Zip Code	
		jim@leshawlaw.com		<del> </del>
			to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please co	ill:	
James P.	. S. Leshaw		305 477-1758	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for the	ne following amount:		
<b>\$</b> 25.0	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 Equity Three LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on January 8, 2018	and assigned
Florida document number L18000004770		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
Local Equity Three LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRES</u>	<u> </u>	
Enter new mailing address, if applicable:		18
Mailing address MAY BE A POST OFFICE BOX)		JAI JAI
		CO NO
		7 11
3. If amending the registered agent and/or registered		ter-the name of the no
egistered agent and/or the new registered office address	<u>: here</u> :	)   149   141   64 :5
		φ Σ
Name of New Registered Agent:		
New Registered Office Address:		
<del>-</del>	Enter Florida street address	
	City	Zıp 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>	Address	Type of Action
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			□ Remove
			Change
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Tective date, if other than the an effective date is listed, the date must tee: If the date inserted in this blocument's effective date on the De	ock does not meet the ap	plicable stat	f filing or more than autory filing requir	90 days after fi	ling ) Purs	usum to 6 not be li	05.02 sted
record specifies a delayed The 90th day after the reco		not an ef	fective time, a	t 12:01 a.	m. on tl	ne ear	lier
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Typed or printed name of signee

Filing Fee: \$25.00