L18000004781

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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ALLABASSE FLORIDA

J. LEGGETT

COVER LETTER

TO: Registration So Division of Co			
Global Equ	uity Ten LLC		
SUBJECT:		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:	
	James P. S. Leshaw		
		Name of Person	
	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		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
James P. S. Leshaw		305 477-1758	
Name (of Person	Area Code Daytime	Telephone Number
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)	☐ \$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 Ten LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on January 8, 2018	and assigned
Florida document number1.18000004781	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Local Equity Ten LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	_
Enter new principal offices address, if applicable:	<u></u>	18
(Principal office address MUST BE A STREET ADDR	RESS)	三里
		28
		- E
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		를 등 5
	- 	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the name of the n
egisterett agent and/or the new registeret office addi	ress here.	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	-
	Flani.	da
	, Floric	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = .	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		 	
			Remove
			Change
			
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ffective date, if other than the an effective date is listed, the date mus		to date of filing or more than 90	(optional) days after filing.) Pursuant to 605.0
iote: If the date inserted in this blocument's effective date on the D			nents, this date will not be listed
e record specifies a delayed The 90th day after the rec		t an effective time, at	12:01 a.m. on the earlier
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00