L18000004801

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J. LEGGETT JAN 29 2018

COVER LETTER

Divi	ision of Cor	porations		
SUBJECT:	Global Equ	ity Seven LLC		
3010,661.		Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence 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 in	nformation co	oncerning this matter, please ca	all:	
James P. S. I	Leshaw		305 477-1758	
	Name of	Person	at ()	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

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 Seven LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Compan Florida document numberL18000004801	y were filed on January 8, 2018	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Local Equity Seven LLC		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation .L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2 C
inter new mailing address, if applicable:		TO SRIBE TO L
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered e egistered agent and/or the new registered office address he		enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	viner viorida sireet adaress	
	, Flor	
	City	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, enter the title, name, and address of each person being an or removed from our records:				
MGR = · Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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fective date, if other than the c	late of filing:	10	optional)
n effective date is listed, the date must	be specific and cannot be prior to da	ite of filing or more than 90 days.	after filing.) Pursuant to 605.02
ote: If the date inserted in this blocument's effective date on the Deposition		statutory filing requirements,	this date will not be listed
record specifies a delayed	effective date, but not ar	n effective time, at 12:0	1 a.m. on the earlier
	rd is filed.		
The 90th day after the reco		1	
January 25	2018	1.1	
The 90th day after the reco	2018	\bigvee	
January 25	. 2018	\bigvee	

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Filing Fee: \$25.00