L18000005252

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S. WARREN JAN 2 9 2018

COVER LETTER • •

TO:	Registration Sec Division of Corp			•
SUBJEC		ity Eight LLC		
SUBJE	<u> </u>	Name of Lim	ited Liability Company	
The encl	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		James P. S. Leshaw		
			Name of Person	
		Leshaw Law P.A.	Name of Person Firm/Company Suite 248 Address City/State and Zip Code (to be used for future annual report notification)	
			Firm/Company	
240 Crandon Boulevard, Suite 248				
			Address	
		Key Biscayne, FL 33149		Person Impany d Zip Code
		jim@leshawlaw.com	City/State and Zip Code	
		· -	to be used for future annual report notif	ication)
For furth	ner information co	oncerning this matter, please ca	all:	
James P	. S. Leshaw		305 477-1758	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	I is a check for th	e 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 Eight LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 8, 2018 and assigned Florida document number L18000005252 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Local Equity Eight LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LEC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ___. Florida ___ Cirv

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 | <u>Address</u> **Type of Action** □ Add _□ Remove ☐ Change □ Add ☐ Remove _□ Change ☐ Remove _□ Change _□ Add _□ Remove ☐ Change : **ढ** _□ R<u>em</u>ove

☐ Change

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Filing Fee: \$25.00