## 48000020214

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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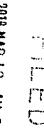
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SECRETARY OF STATE ALLAHASSEE, FLORIDA



## COVER LETTER

TO:	Registration Se Division of Cor			•
oun ie		CHOICE CAPITAL PARTNEI	RS LLC	
SUBJE	CI:	Name of Lim	ited Liability Company	<del></del>
		Amendment and fee(s) are sub-	-	
		MARSHA SIHA		
			Name of Person	
		INCFILE.COM LLC		
			Firm/Company	
		17350 STATE HWY 249	SUITE 220	
			Address	Military
		HOUSTON TX 77064		
		MARSHA@INCFILE.COM	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For furt	her information c	oncerning this matter, please of	all:	
MARS	HA SIHA		888 462-3453	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	he following amount:		
\$25	5.00 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)
	MAII	INC ADDDESS.	CTDEET/COUDII	ED ADDDESS.

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 CHOICE CAPITAL PARTNERS 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 \_01/23/2018 and assigned Florida document number L18000020214 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 6387 Landings Way Enter new principal offices address, if applicable: Tamarac, FL 33321 (Principal office address MUST BE A STREET ADDRESS) 6387 Landings Way Enter new mailing address, if applicable: Tamarac, FL 33321 (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 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 in 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
AMBR	GAIL CAROL TWYFORD	6387 UNIVERSITY DR WAY	□ Add
		TAMARAC, FL 33321	Remove
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Filing Fee: \$25.00