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COVER LETTER

	LOBAL PROPERTY MANAGEM	ENT LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articl	es of Amendment and fee(s) are sub	mitted for filing.			
Please return all cor	respondence concerning this matter	to the following:			
	MARISA GILLMAN-DE	NION			
Division of Corporations IST GLOBAL PROPERTY MANAGEMENT LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MARISA GILLMAN-DENTON Name of Person IST GLOBAL PROPERTY MANAGEMENT LLC Firmi/Company 5300 S ATLANTIC AVE #3303 Address NEW SMYRNA BEACH FL.32169 City/State and Zip Code ISTGLOBALREALTYOFFLORIDA@GMAIL.COM E-mail address: to be used for future annual report notification) For further information concerning this matter, please call: MARISA GILLMAN-DENTON Name of Person Atea Code Daytime Telephone Nun Enclosed is a check for the following amount: S25.00 Filing Fee & Certified Copy Certificate of Status Certified Copy Certified Copy					
	Division of Corporations IST GLOBAL PROPERTY MANAGEMENT LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. sase return all correspondence concerning this matter to the following: MARISA GILLMAN-DENTON Name of Person IST GLOBAL PROPERTY MANAGEMENT LLC Finm/Company 5300 S ATLANTIC AVE #3303 Address NEW SMYRNA BEACH FL 32169 City/State and Zip Code ISTGLOBAL REALTYOFFLORIDA@GMAIL.COM E-mail address: tto be used for future annual report notification) r further information concerning this matter, please call: ARISA GILLMAN-DENTON Name of Person Name of Person Sa6 957-4388 at (Area Code) Daytime Telephone Number closed is a check for the following amount: \$255.00 Filing Fee Sa0.00 Filing Fee & Certifical Copy Certification Status Certificate of Status Certifical Copy Certificate Copy Certificate of Status Certificate Copy Certificate Copy				
Firm/Company					
	5300 S ATLANTIC AVE #	73303			
		Address			
	ISTGLOBALREALTYOF	· -			
	E-mail address: (to be used for future annual report notific	cation)		
For further informat	tion concerning this matter, please ca	all:			
N.	ame of Person	Area Code Daytime	Telephone Number	2 h	1
Enclosed is a check	for the following amount:			>	1
□ \$25.00 Filing Fe	sac \$30.00 Filing Fee & Certificate of Status		Certified	e of Status 🞘	

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

IST GLOBAL PROPERTY MAN	AGEMENT LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited L Florida document number -2.1 ± 0.00	iability Company	were filed on $5 10 18$	and assig	gned		
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
The new name must be distinguishable and contain the	words "Limited Liabil		e abbreviation "L.L.	.C.**		
Enter new principal offices address, if appli	cable:	340 S BEACH ST				
(Principal office address MUST BE A STREET ADDRESS)	DAYTONA BEACH					
<u>, , , , , , , , , , , , , , , , , , , </u>		F1, 32114				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5300 S ATLANTIC AVE #3303 NEW SMYRNA BEACH				
		IFL 32169				
B. If amending the registered agent and registered agent and/or the new registered of			2519	f the ne		
Name of New Registered Agent:	JOHN B DENT	TON	7 25	: i		
New Registered Office Address:	340 S BEACH		24			
	DAYTONA BE	Enter Florida street address EACH , Florida	> > 32214 _{- 分}			
		City	Zip Cōde			
New Registered Agent's Signature, if changing	Registered Agent:		- 13			

New Registered Agent's Signature, it 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

Page 1 of 3

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
AMBR	MARISA GILLMAN-DENTON	5300 S ATLANTIC AVE, #3303 N	Add
			□ Remove
			□ Change
MGR	JOHN PYLE	863 LOYOLA DRIVE, ORMOND	Add
		· ·	Remove
			■ Change
 			□ Add
			□ Remove
			Change
			D Add
			Remove
			Add [1]
			□ Change
			Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessar			
	· · · · · · · · · · · · · · · · · · ·			
Effec	tive date, if other than the date of filing: 5/10/8 (optional)	5	623	
(irani ¢	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date	.) Pursua	មា មសិ 605.0)207 (J. ās i
	nent's effective date on the Department of State's records.	\$`. !	Α¥	
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the	2 Carlier	r r of:
) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. e 90th day after the record is filed.	ŎII CIIC		(
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Dated	5/10/18	`	(J	
	(b) 1 / bestel			
	Signature of a member or authorized representative of a member			

Page 3 of 3

Filing Fee: \$25.00