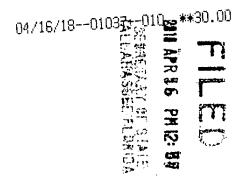
## 1180000080918

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J. HARRIS

## **COVER LETTER**

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SHID IE	Global Clie	nt Consulting LLC			
SUBJEC	.l. <u></u>	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspon	ndence concerning this matter	to the following:		
		Jerome Byrd III			
			Name of Person		
	Global Client Consulting LLC  Name of Limited Liability Company  Plosed Articles of Amendment and fee(s) are submitted for filling, eturn all correspondence concerning this matter to the following:    Jerome Byrd III				
			Firm/Company		
		2054 Vista PKWY Suite 4	00		
			Address		
		West Palm Beach,FL,3340	)1		
	City/State and Zip Code				
Can Comb	:-6		•	ication)	
POT IUTIN	er information co	oncerning this matter, please ca	ail:		
Jerome E	Byrd III				
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for th	e following amount:			
\$25.0	00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy	

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 Client (Name of the Limited Liabi (A Flori	Consulting UC  lity Company as it now appears on our re da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number L18000080918		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	"LLC" or the appreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
		See on
Enter new mailing address if applicable.		5 N
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		्रात् <b>छा</b>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jerome Byrd III	457 Cottagewood Lane	■ Add
		Royal Palm Beach,FL,33411	□ Remove
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<b>Tective date, if other than the can effective date is listed, the date must ote:</b> If the date inserted in this bloocument's effective date on the De	be specific and cannot be prior to date of filing or more than 90 datck does not meet the applicable statutory filing requirement	(optional) ys after filing.) Pursuant to 605.020 ats, this date will not be listed a
record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at 12 rd is filed.	::01 a.m. on the earlier o
ited	· · · · · · · · · · · · · · · · · · ·	_
June	e Bynd Sil	<b>产州</b>
	Signature of a member of authorized representative of a member	AT R
Jerome Byrd III	Typed or printed name of signee	
	Typed of printed name of signee	
		SE V
	Page 3 of 3	200 <b>44</b>

Filing Fee: \$25.00