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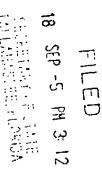
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COVER LETTER

ТО:	Registration Sec Division of Corp			
SUBJEC		CONSULATE SERVICES LL	С	
SOBJEC	U1:	Name of Lim	ited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		SAIFERAHMAN FAQEE	RZADA	
			Name of Person	
		GLOBAL CONSULATE	SERVICES LLC	
			Firm/Company	
		4716 BRADLEY BLVD A	APT#103	
			Address	
		BETHESDA MD 20815		
		<u> </u>	City/State and Zip Code	
		ASMAFAQEERZADA@G		
		E-mail address: (to be used for future annual report notific	cation)
For furth	er information co	oncerning this matter, please ca	all:	
SAIFER	RAHMAN FAQE	ERZADA	202 714-9614	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for the	e following amount:		
\$25,6	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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL CONSULATE SERVICES (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 AUG 06 2018 ____ and assigned Florida document number L18000187812 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 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

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	SAIFERAHMAN FAQEERZADA	4716 BRADLY BLVD APT#103 BETHESDA MD 20815	
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Dated							>				
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Typed or printed name of signee

Filing Fee: \$25.00