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(Requ	estor's Name)	
(Adda	ess)	
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(Ĉity/ŝ	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Name	e)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	





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COVER LETTER

	Registration Sc Division of Cor		•	
1	Global Mo	tion, LLC		
SUBJEC	71:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Sofia E. Starasilis		
			Name of Person	
			Firm/Company	
		3055 N.W 126th Ave., Ap	1. 212	
		Sunrise, FL 33323	Address	
		zofy123@hotmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please ca	ıll:	
Sofia E.	. Starasilis		305 244-0029	
	Name o	t Person		Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$2 5.0	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

Global Motion, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.	pany were filed on January 22, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Global Motion Realty LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>s</u>	
		- 19
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		多
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		er the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	· ·-
	Florida	
	City	Zip Code

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 adder removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sofia E. Starasifis		
			☐ Remove
		3055 N.W. 126th Ave., Apt 212, Sunrise, FL 33323	☐ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□ Remove
			Change
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		☐ Remove	
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			□ Change

	7. 126th Ave., Apt 212, Sunrise, FL 33323
	
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Effective date, if other than th	
	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 block does not meet the applicable statutory filing requirements, this date will not be listed a Department of State's records.
ne record specifies a delaye The 90th day after the re	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of ecord is filed.
Dated February 5	2019
	1 + 12 / 1 / 2 ·

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee