L19000072954

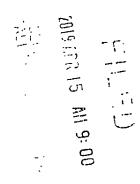
(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #	(†)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
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Amend CCS

APR 2/3 7019

LALBRITTON

COVER LETTER

Guardian G	ilobal Group Liability Company
UBJECT:	Name of Limited Liability Company
e enclosed Articles of	Amendment and fee(s) are submitted for filing.
	indence concerning this matter to the following:
	Nicholas A. Giambri
	Name of Person
	Guardian Global Group
	Firm/Company
	1111 Kane Concourse Suite 303
	Address
	Bay Harbor Islands, FL 33154
	City/State and Zip Code
	Anthony.Giambri@raymondjames.com
	E-mail address: (to be used for future annual report notification)
or further information c	oncerning this matter, please call:
vicholas A. Giambri	305 924-2124
Name o	f Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Guardian Global Group Liability Company		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/12/2019	and assigned
Florida document number <u>L19000072954</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		5 5
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		9:00
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	da
	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	Frankie Gonzalez	1111 Kane Concourse Bay Harbor Island, FL 33154	■ Add
			☐ Remove
			☐ Change
MGR	Nicholas A Giambri	1111 Kane Concourse Bay Harbor Island, FL 33154	oor □ Add
			□ Remove
			Change
			Remove
		Change	
			
			□ Remove
			Change
			Add
			Change
			Add
			Remove
			☐ Change

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ffective date.	if other than the d	ate of filing:				(optional)	
an effective date	is listed, the date must l	e specific and o	cannot be prior to	o date of filing or	more than 90 da	ys after filing.) Pur	suant to 605,0207
	inserted in this bloc tive date on the Dep			ore statutory in	ing requiremer	its, this date will	not be listed as
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e record spe	cifies a delayed	effective da	ate, but not	an effective	time, at 12	::01 a.m. on t	he earlier o
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00