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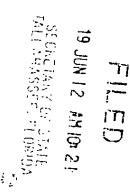
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COVER LETTER

TO:	Registration Division of C			
SUBJE	ecr.	Global Getawa	ys LLC	
7 (IS.) I		Name of Limi	ited Liability Company	
The en	closed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please	return all corres	pondence concerning this matter	to the following:	
		Carissa	Nicholas	
			Name of Person	
		Global (Setawas LLC	· · · · · · · · · · · · · · · ·
		151 N NG	ob Hill Rd Ste.	273
			Address	
		Plantation	The 33324 City/State and Zip Code	
		E-mail address: (1	o be used for future annual report	notification)
for fur	ther information	concerning this matter, please ca	-	
	Carissa	Nicholas	ai (<u>994</u>) 72	7- 3998
		of Person	Area Code Da	ytime Telephone Number
inclose	ed is a check for	the following amount:		
□ \$2:	5,00 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 **OF**

Global Getawa	15 LLC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000 [0785]</u> .	were filed on April 19, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	Fu.
	- C 9
Enter new mailing address, if applicable:	2 P
(Mailing address MAY BE A POST OFFICE BOX)	3 B U
	4 3
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
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

It amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
mgr	Alexander C. Nicholas	151 N Nobs Hill Rd Str. 273	2_□ Add
		Plantation, FL 33324	Remove
			Change
			Remove
			Change
		ML SECTION ASSECTION	Add JUN TO Remove
		Sker, morrow	Change
			□ Add □ Remove
			_□ Change
			_□ Add
			_□ Remove
			_ Change
			Add
			_□ Remove
			_□ Change

. If aniendin	ng any other infoi	rmation, enter ch	nange(s) here:	(Attach additt	onal sheets, if t	necessary.)		
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(If an effective Note: If the	ate, if other than date is listed, the date date inserted in the effective date on the	must be specific and is block does not m	cannot be prior to neet the applicab	date of filing or n	ore than 90 days a			
	specifies a dela h day after the		ate, but not	an effective	time, at 12:0	1 a.m. on t	:he ea	ırlier of:
Dated	June 6		2019	_ ·				
_		CNC						_
			nember or authori	•	of a member			
-		Cansy	Y NiChol	name of signee				-

Page 3 of 3

Filing Fee: \$25.00