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(Requ	estor's Name)	
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PICK-UP	MAIT	MAIL
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(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	na Officer:	
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Office Use Only



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Y SULKER SEP 1 9 2019



August 23, 2019

GLOBAL EXECUTIVE GROUP LLC 4405 NW 48TH TERRACE TAMARAC, FL 33319

SUBJECT: GLOBAL EXECUTIVE GROUP LLC

Ref. Number: L19000198553

We have received your document for GLOBAL EXECUTIVE GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application we received is for RA change. It seems like you want to add Manager to your company. If you want to add PHILLIP J MURRAY as an owner or manager you need to complete the application & return to us.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 319A00017530

Yasemin Y Sulker Regulatory Specialist III

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	lobal Excurre Name of Limit	Croup LLC led Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
		P Murray Name of Person - teative Group 1 Firm/Company	-LC
	4405 No	2 48th Terczoe Address	
	P. J. Mur F-mail address: (1	City State and Zip Code Cay State and Zip Code Cay O yahoo. Com o be used for luture annual report notities	ition)
For further information e	oncerning this matter, please ca	Al:	
Phillip Naline o	Hurczy Person	at (<u>\$6</u> &) <u>600 - 3</u> ê Area Code Daytime T	240 elephone Number
Enclosed is a check for the	ne following amount:		
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional 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

(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 080519 and assigned Florida document number 419000198553 .	
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 "LTC" or the abbreviation "LTC"	
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 mane of the registered agent and/or the new registered office address here:	new
Name of New Registered Agent:	- .
New Registered Office Address: Inter Florida street address (20) 5	
Emer Florida street address 70 5	
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	Phillip J. Murray	4405 NW 48th Terrace	M ∧dd
Duner	,	Tamarac, FL 33319	Remove
			□ Change
			□ Remove
			Change
			☐ Remove
			☐ Change
		D Add	
			☐ Remove
			□ Change
			D Add
			□ Remove
			☐ Change
			Add
			□ Remove
			🗆 Change

	
	<u> </u>
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	September 12th 2019
	- Chillip Thurans
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00