L19000 207 286

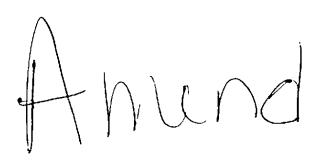
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OCT 1 5 2019 LALBRITTON

COVER LETTER

TO: Registration Division of C	Section Corporations			
Global F	Flip JV LLC			
	Name of Lim	ited Liability Company		
	of Amendment and fee(s) are sub	•		
Please return all corre	spondence concerning this matter	to the following:		
	Liora Thause			
		Name of Person		
	Global Flip JV LLC			
	-	Firm/Company		
	2203 Avenue X			
		Address		
	Brooklyn, NY 11235			
	jvarela@glblgroup.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report notif	ication)	
For further information	n concerning this matter, please ca	all:		
Liora Thause	718 616-2110 at ()			
Nan	ne of Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for	or the following amount:			
■ \$25.00 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)	

MAHLING 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

20

200:15 Global Flip JV LLC (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 August 14, 2019 ____ and assigned Florida document number L19000207286 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 "L.L.C." 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>	<u>Address</u>	Type of Action
MBR	Dimor Hared		_
		2203 Avenue X Brooklyn, NY 11235	■ Remove
			Change
MBR	Eitan Yizhar	2203 Avenue X Brooklyn, NY 11235	⊞ Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			Remove
			□ Change

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foctive date, if other than the m effective date is listed, the date mu	: date of filing: st be specific and cannot be price	or to date of filing or more th	(optional) an 90 days after filing.) Pursuan	n to 605.02
ote: If the date inserted in this becoment's effective date on the F	lock does not meet the appli	cable statutory filing req	iirements, this date will not	be listed
the serieure date of the s	epartment of state a record			
record specifies a delaye The 90th day after the rec		ot an effective time,	at 12:01 a.m. on the	earlier
September 20	2019			
ated		·		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00