19000 276376

(R	equestor's Name)
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(D	ocument Number)
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11/27/19--01004--004 ++25.00





COVER LETTER

TO: Registration Section Division of Corporations

Global Gainesville Center, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven Kalishman

Name of Person

Global Gainesville Center, LLC

Firm/Company

5055 SW 91 Terrace

Address

Gainesville, FL 32608

City/State and Zip Code

steve@gnvsistercities.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Steven Kalishman
 352
 3768600

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

🔳 \$25.00 Filing Fee

S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global Gainesville Center, 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 November 5, 2019	_ and assigned
Eta da anticia de la companya de la 19000276376	

Florida document number

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Global Gainesville, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:	(). 		
		9	
(Principal office address MUST BE A STREET ADDRESS)		<u>-5</u> -	
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		A	
Enter new mailing address, if applicable:			·
(Mailing address MAY BE A POST OFFLCE BOX)		9: ['≃' ^y

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	tress
	City,	FloridaZip 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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗋 Add
			Change
			🗆 Add
			□Change
·			🗆 Add
			🗆 Remove
			Change
			□Add
			🗋 Remove
			Change
			🗆 Add
			🗆 Remove
		····	Change
			QAdd
			🖸 Remove
			Change

•	•	•	•

Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	_		
ctive date, if other than the date			

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	11,25	2018
		2
	Signature	of a member or authorized representative of a member
	STEVE	N J KALISKMAN
		Typed or printed name of signee

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Filing Fee: \$25.00