L19000303430

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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CLIVARTMENT OF STAIL COSTON OF CORPORATION MELAHASSEE, FLORENCE

FEB 2 2 2020

S. YOUNG

2020 JAN 27 AM 7: 08

COVER LETTER

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Tallahassee, FL 32314

TO:

| TO: Registration So Division of Cor | | | | | |
|---|--|---|--|--|--|
| GLOBAL (| CONSULTANCY GROUP LL | C | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| | ondence concerning this matter | | | | |
| | Nora Dupont | | | | |
| | | Name of Person | | | |
| | 17101 Crete Way | | | | |
| | | Firm/Company | | | |
| | | Address | | | |
| | Bella Collina, FL 34756 | | | | |
| | contact@cgroup.global | City/State and Zip Code to be used for future annual report noti | thurthur A | | |
| For further information c | oncerning this matter, please co | | ncation) | | |
| Nora Dupont | | 407 683-9197 | | | |
| Name of Person | | at () Area Code Daytim | e Telephone 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 Addres | | Street Address: | arian | | |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20

| Global Consultancy Group LLC | | 70 J |
|--|---|----------------------------|
| (<u>Name of the Limited Lia</u> (A Flo | bility Company as it now appears on our records.) rida Limited Liability Company) | FILEN 27 |
| The Articles of Organization for this Limited Liability Florida document number 1.19000303430 This amendment is submitted to amend the following | · | UNU 24 |
| _ | | |
| A. If amending name, enter the new name of the b | imited hability company here: | |
| The new name must be distinguishable and contain the words "I | 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 AD | DRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registe | | |
| agent and/or the new registered office address here | | name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | I |
| | , Floric | 14 Zıp 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> | <u>Address</u> | Type of Action |
|--------------|--------------------|---|-----------------|
| ambr | Jean Pierre Dupont | 17101 Crete Way Bella Collina, FL 34756 | ■Add |
| | | | □Remove |
| | | | □Change |
| mgt/ambt | Alexandra Dupont | 17101 Crete Way Bella Collina, FL 34756 | 🗆 Add |
| | | | □Remove |
| | | | ■ Change |
| mgr/ambi | Nora Dupont | 17101 Crete Way Bella Collina, FL 34756 | 🗆 Add |
| | | | 🗆 Remove |
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| fan effectiv Sote: If th | late, if other that e date is listed, the da e date inserted in t s effective date on | ate must be specific this block does n | and cannot be p of meet the app | rior to date of fil plicable statute | ing or more than | 90 days after tili | ng.) Pursuant to 60 |)5.0207 (sted as t |
| record sp d is filed. | ecifies a delayed ef | fective date, but | not an effectiv | e time, at 12:0 | 1 a.m. on the ea | arlier of: (b) | The 90th day aft | er the |
| Jani | iary 21st | | 2020 | | | | | |
| Dated | | <u> </u> | _· | · | | | | |
| | | ALVILLO . | | | | | | |
| | | Signature o | Namember or a | uthorized repres | entative of a mer | nber | | |

Filing Fee: \$25.00