## L20000083975

(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: (7/0)al Rude Name of Limi	HSIST LLC ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
	Name of Person
<u>Glinal</u>	Firm/Company
9250	NW 25 Street
Doral,	F-L 33172  City/State and Zip Code
E-mail address: (	Ght-Oglibal reach health carry
For further information concerning this matter, please ca	all:
Name of Person	at (784) 703-1918 CXI-) [] Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee, Certified Copy radditional copy is enclosed) ☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Address:	Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

_ Glibal Reach	Assist LLC	
Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\angle 2000083915$ .	were filed on 3 17 2000 and signe 20 001 26	d Ti
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liabi	oility company here:	= FD
The new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "LLC" or the abbreviation "L&C."	
Enter new principal offices address, if applicable:	9250 NW 25 Stree	<u>,                                    </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	9250 NW 25 Stre Doral, FC 33172	<u>et</u> 
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new reg</u>	<u>tistered</u>
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 ainchding 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
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