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COVER LETTER

TO: Registration Sectorial Division of Corp.	.45			
SUBJECT: Glob	sal Planning	ASSOCIATION Med Liability Company	, LLC	
	Name of Limi	nted Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Maria	0A2		
	Global P	Name of Person Planning ASS	ociates, LLC	
		rimicompany		
	507 Mead	dow Pointe D		
	Haines C	city FL 33	844	
	gpa florie E-mail address:	City/State and Zip Code (a C Out 100 K . Cod to be used for future annual report no	tification)	
For further information co	ncerning this matter, please ca	all:		
Maria C	AL	at 407, 960	9453	
Name of	Person	Area Code Daytii	ne Telephone Number	
Address Hairus Coty FL 33 Ryy Giv/State and Zip Code Apa florida a Cut/look. Cam E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Maria Coty Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status &				
≤ \$25.00 Filing Fee			-	

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

6/obal Planning	HSS ociates, L	LC
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number <u> </u>	-lala	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liaf	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)		2020
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2:
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	ne name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address, Flor,	ida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	•
I hereby accept the appointment as registered agent and agr		her agree to comply with t

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

	Authorized Person(s) authorized to m from our records:	anage, enter the title, name, and address of each p	oerson being added
MGR = Ma AMBR = Au	anager uthorized Member		•
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Roberto aumba	507 Meadow Pointe Dr Haines City FL 33840	ı □Add
		Haines City FL 3384	Remove
			□ Change
			□Add
			i □Remove
			□Change
			□Add
			□Remove
			□ Change
			[]Add
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Effecti	ve date, if other t	han the date of filin	g:		(optional)	,
Note:	If the date inserted	in this block does not i	neet the applical	o date of filing or more the ole statutory filing rec	ian 90 days after filing.) Purquirements, this date will	suant to 605,0207 (3)(not be listed as the
docume	ent's effective date	on the Department of 5	State's records.			
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ne record ord is fil	•	feffective date, but not	an effective tin	ie, at 12:01 a.m. on tr	e earlier of: (b) The 900	in day after the
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Dated_	5/291	/20	. ~	- ·		
	·7)	120 (Cice Signature of a				
		Signature of a	member or author	ized representative of a	member	
			• ()			

Typed or printed name of signee