Division of Corporations Electronic Filing Cover Sheet

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(((H200001694063)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086 Phone : (916)576-7000

Fax Number : (800)603-5868

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

RLOPS@PARASEC.COM Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GLOBAL PROPERTIES FLORIDA LLC

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JUN 08 2020

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To: 18506176383 From: 19165767051 Date: 06/05/20 Time: 7:11 AM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clob	al Properties Florida LLC			
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appear to Limited Liability Company)	rs on our records.)		
		05/26/2020		
The Articles of Organization for this Limited Liability (Company were filed on		and as:	signed
Florida document number L20000143001	**************************************			
This amendment is submitted to amend the following:				
This amendment is submitted to affecte the following.				
A. If amending name, enter the new name of the lin	nited liability company h	<u>ere</u> :		
The new name must be distinguishable and contain the words "Li	mited 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 ADD	RESS)			
			·	
	*************************************		, 3	
The state of the s			<u>. ب</u> ب	1 2
Enter new mailing address, if applicable:			· I	444
(Mailing address MAY BE A POST OFFICE BOX)				
		<u> </u>		· · ·
B. If amending the registered agent and/or regi	latared office address of	n our rouards ant	er the name	of the nev
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	dress here:	11 (101 1000103, <u>ent</u>	o S	or the me.
			٠	
Name of New Registered Agent:				
Name of New Registered (Igent.		<u></u>		<u> </u>
New Registered Office Address:	Fine Ch	nida street address		·
	2,111,711			
- -	Cin	, Florida	Zip Code	
to the state of th	•		, -	
New Registered Agent's Signature, if changing Register				
I hereby accept the appointment as registered agen	t and agree to act in this	capacity, I further	agree to com	ply with the
provisions of all statutes relative to the proper and accept the obligations of my position as registered	complete perjormance of agent as provided for in	g my aunes, ana ra Chavter 605, F.S. C	or, if this doc	ument is
being filed to merely reflect a change in the register	red office address. I here	by confirm that the	limited liabi	lity
company has been notified in writing of this change	e. \ \ / /	$\sim 1/$		

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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>l'itle</u>	Name	Address	Type of Action
AMBR	Kevin Francisco Jumbo Mafla	6012 YEATS MANOR DR UNIT 106	Ø Add
		TAMPA, FL 33616	□ Remove
			Kł Change
			□ Remove
			Change
			D Add
			□ Remove
			☐ Change
			Remove
			Change
			D Add
			□ Remove
			□ Change
			□ Remove
			☐ Change

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Filing Fee: \$25.00