

L22 000 533 85-1

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(City/State/Zip/Phone #)

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2024-07-11 11:23 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOBAL CAPITAL PARTNERS UNLIMITED, 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:

EDWARD BRENNER

Name of Person

GLOBAL CAPITAL PARTNERS UNLIMITED, LLC
Firm/Company

409 MELANIE WAY

Address

MAITLAND/FL 32751

City/State and Zip Code

EDWARDS MARY C ATT. NET

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

For further information concerning this matter, please call:

EDWARD BRENNER

Name of Person

at (407) 461-5234

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 & 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 CAPITAL PARTNERS UNLIMITED, 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 12/22/22 and assigned
Florida document number L22 000 533 857

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "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 ADDRESS)

409 MELANIE WAY
MAITLAND FL 32751

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

409 MELANIE WAY
MAITLAND FL 32751

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

Name of ~~New~~ Registered Agent:

Same LINDA BRENNER

New Registered Office Address:

409 MELANIE WAY

Enter Florida street address

MAITLAND

City

Florida

32751

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.

Same

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> | <u>Type of Action</u> |
|--------------|------------------------|--------------------------|--|
| <u>MGR</u> | <u>BRENNER, EDWARD</u> | <u>409 MELANIE WAY</u> | <input type="checkbox"/> Add |
| | | <u>MAITLAND FL 32751</u> | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| <u>MGR</u> | <u>BRENNER, MARC</u> | <u>409 MELANIE WAY</u> | <input type="checkbox"/> Add |
| | | <u>MAITLAND FL 32751</u> | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| <u>MGR</u> | <u>BRENNER, DAVID</u> | <u>409 MELANIE WAY</u> | <input type="checkbox"/> Add |
| | | <u>MAITLAND FL 32751</u> | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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Note: 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.

Dated MAY 1, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee