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| (Requesto | r's Name) |
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| (Address) | |
| (Address) | |
| (City/State | /Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Business | Entity Name) |
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| Certified Copies | Certificates of Status |
| Special Instructions to Filing C | Officer: |
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COVER LETTER

| TO: Registration Division of | n Section Corporations | | |
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| GLOBA SUBJECT: | AL REALTY CONSORTIUM, LI | LC | 4 |
| 50001.CT | | | |
| | of Amendment and fee(s) are subspondence concerning this matter | · | |
| | KESNEL EXANTUS | | |
| | | Name of Person | |
| | GLOBAL REALTY CON | SORTIUM, LLC | |
| | | Firm/Company | |
| | 6415 LAKE WORTH RO | AD SUITE 306 | 2024 MAY SECRET |
| | | Address | |
| | GREENACRES, FL 3346 | 3 | 29 247 |
| | | City/State and Zip Code | SSEE FL |
| | INFO@GLOBALREALTY | CONSORTIUM to be used for future annual report notifice | ত কুল |
| For further information | n concerning this matter, please of | | atton) |
| KESNEL EXANTU | and the second s | 561 305-1611 | |
| Nan | ne of Person | at () | clephone Number |
| | | | · |
| Enclosed is a check for | r 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) |
| <u>Mailing Add</u> Registratio | n Section | Street Address: Registration Secti | on |
| Division of | Corporations | Division of Corpo | |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL REALTY CONSORTIUM, 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 04/15/2024 and assigned Florida document number L24000177648 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the wew registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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> | Address | Type of Action |
|--------------|---------------------|--|----------------|
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| | | GREENACRES. FL 33463 | Remove |
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| f an effective date is I Note: If the date ir | other than the da isted, the date must b isserted in this block we date on the Depar | e specific and c k does not me | annot be prior to | o date of filing o | r more than 90 da lling requiremen | (optional) ys after filing, its, this date |) Pursuant to 6 will not be l | 505,0207 isted as |
| | delayed effective d | late, but not a | n effective tim | e, at 12:01 a.r | n, on the carlier | rof:(b) Th | e 90th day a | fter the |
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| d is filed. | 7 22 | Autore of a me | ZOJY Limber or authori | 20000 | ive of a member | | | |

Filing Fee: \$25.00