

To: 18506176383 From: 12147128131 Date: 10/13/21 Time: 12:30 PM Page: 01/03

10/13/21 5:32 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000381763 3)))



H210003817633ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GLOBAL FINANCIAL ADVISORY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2021 OCT 13 AM 9:14

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2021 OCT 13 PM 12:34

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

VH

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: GLOBAL FINANCIAL ADVISORY, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M19000003798

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 04/15/2019

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

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

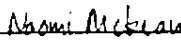
DocuSign Envelope ID: 9362D3A2-D485-482A-AC3E-AC2FAC57D15C

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: (((H21000381763 3)))

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	AssetMark Financial, Inc.	1655 Grant Street, 10th Floor,	<input checked="" type="checkbox"/> Add
		Concord, CA, US, 94520	<input type="checkbox"/> Remove
AMBR	GLOBAL FINANCIAL PRIVATE CAPITAL, INC	1655 GRANT ST, 10TH FL	<input type="checkbox"/> Add
		CONCORD, CA 94520	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

DocuSigned by:

 Signature of the authorized representative
 Naomi J. McKean
 Typed or printed name of signee

Filing Fee: \$25.00

FILED
 2021 OCT 13 PM 12:34
 OFFICE OF THE CLERK
 STATE OF FLORIDA