

L11000068392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

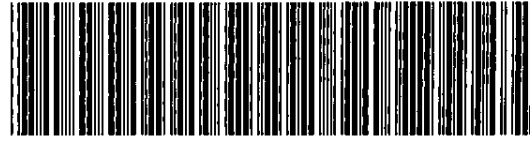
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JAN 31 2011  
**EXAMINER**

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STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

2012 JAN 30 PM 3:52

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Globalclear Americas 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:

**Todd Marolt**

Name of Person

**c/o Michael Naughton, Attorney at Law**

Firm/Company

**12058 San Jose Blvd. Suite #602**

Address

**Jacksonville, FL 32223**

City/State and Zip Code

**tmarolt@globalclear.us**

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

For further information concerning this matter, please call:

**Todd Marolt**

Name of Person

at ( **904** )

**534-2169**

Area Code & Daytime Telephone Number

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FLORIDA  
Department  
of STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**Globalclear Americas 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 06/13/2011 and assigned  
Florida document number L11000068392

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2012 JAN 30 PM 3 52  
STATE OF FLORIDA  
HALL COUNTY CLERK'S OFFICE

This amendment is submitted to amend the following:

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

The new name must be distinguishable and end with 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)**

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

**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:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

New Registered Office Address:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

*Enter Florida street address*

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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 608, 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**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	James Summons	6439 Ruxton Drive Elkridge, MD 21075	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	XXXXXXXXXXXXXXXXXXXX		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	XXXXXXXXXXXXXXXXXXXX		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	XXXXXXXXXXXXXXXXXXXX		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	XXXXXXXXXXXXXXXXXXXX		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	XXXXXXXXXXXXXXXXXXXX		<input type="checkbox"/> Add <input type="checkbox"/> Remove

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REGISTRAR OF STARS  
TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX

Dated January 13th, 2012

  
Signature of a member or authorized representative of a member  
Todd Marolt  
Typed or printed name of signee