L13000006622

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K.SALY EXAMINER APR - G

COVER LETTER

Division of Cor	porations				
ITCROSS SUBJECT: _					
		nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	ROBERTO GONZALEZ				
		Name of Person	مينيد.		
	GONZALEZ & PARTNE	RS CPAS, LLC			
	-				
	3211 PONCE DE LEON BLVD STE 200				
		Address			
	CORAL GABLES, FL 33	134			
		City/State and Zip Code			
	rgonzalez@rgcpa.net				
	E-mail address: (to be used for future annual report notifi	cation)		
For further information co	oncerning this matter, please c	all:			
ROBERTO GONZALEZ	;	305 447-8886			
Name of	Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for th	e 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

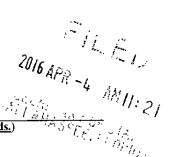
TO:

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

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



ITCROSS LLC

(Name of the Limited Liability Company as it now appears on our record
(A Florida Limited Liability Company)

		$\mathcal{P}_{\mathcal{P}_{2,2}}$
The Articles of Organization for this Limited Liability Co	ompany were filed on 01/14/2013	
Florida document number L13000006622		
. This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
GLOBAL ERP SOLUTIONS LLC	ted name, company note.	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
- -	or and the second secon	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(Mailing address MAY BE A POST OFFICE BOX)		
(Mailing address MAY BE A POST OFFICE BOX)		
	tered office address on our records, e	nter the name of the
B. If amending the registered agent and/or regist		nter the name of the 1
B. If amending the registered agent and/or regist		nter the name of the
B. If amending the registered agent and/or regist		nter the name of the
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr Name of New Registered Agent:		nter the name of the
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		nter the name of the
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr Name of New Registered Agent:	Enter Florida street address	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr Name of New Registered Agent:	ess here:	

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

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 = M $AMBR = A$	anager uthorized Member		2016 400	
Title	<u>Name</u>	Address	2016 APR -4 AMILIE	Type of Action
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amending any other information, enter	change(s) here: (A	ttach additional sheet	is, if necessary.) 2011	15/1 [47] - 4 [John John John John John John John John
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Rective date, if other than the date of fill in effective date is listed, the date must be specific a Note: If the date inserted in this block does not occurrent a effective date on the Department of the record specifies a delayed effective. The 90th day after the record is filed.	uid cannot be prior to da t meet the applicable f State's records:	statutory filing requires	ments, this date will not	be listed as th
MARCH 10	2016		•	
and -	-,			
				~
Cionabasa	a rember or authorize	representative of a mem		
Signature or			247	
CECILIA SUAREZ			Br. St.	

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Filing Fee: \$25.00