

02-19-18;03:37

L13000040890 # 1/17

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.**

(((H18000056771 3)))



H180000567713ABC2

**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 : E ALEX ORTIZ, CPA, PA  
Account Number : I20180000017  
Phone : (305) 340-2000  
Fax Number : (786) 953-6246

FILED  
18 FEB 19 PM 4: 87  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Email Address: INFO@ALEXORTIZCPA.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ABC GROUP USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

RECEIVED  
FEB 19 2018

S. WARREN

FEB 19 2018

Electronic Filing Menu

Corporate Filing Menu

Help



# 18 0000567713

February 19, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ABC GROUP USA LLC  
1221 BRICKELL AVENUE SUITE 901  
MIAMI, FL 33131

SUBJECT: ABC GROUP USA LLC  
REF: L13000040890

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

FAX Aud. #: H18000054535  
Letter Number: 918A00003442

H18 0000567713

H180000567713

**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: ABC GROUP USA, 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:

**ALEX ORTIZ, CPA**

Name of Person

**E ALEX ORTIZ, CPA, PA**

Firm/Company

**2727 PONCE DE LEON BLVD**

Address

**CORAL GABLES, FL 33134**

City/State and Zip Code

**ALEX@ALEXORTIZCPA.COM**

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

For further information concerning this matter, please call:

**ALEX ORTIZ, CPA**

Name of Person

at ( **305** )

Area Code

**340-2000**

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

H180000567713

H 180000567713

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

ABC GROUP USA, 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 03/18/2013 and assigned  
Florida document number L13000040890

This amendment is submitted to amend the following:

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

GLOBAL EXPERIENCE DESIGN, LLC

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 new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

H 180000567713

FILED  
18 FEB 19 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H180000567713

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Remove  
Change  
Add  
Remove  
Change  
Add  
Remove  
Change

FILED

H180000567713

H 18 00005.6 7713

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

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

(b) The 90th day after the record is filed.

Dated FEBRUARY 06 2018

X

Signature of a member or authorized representative of a member

X

BENJAMIN CALLEJA WESTLING

Typed or printed name of signee

FILED  
18 FEB 19 PM 4 37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA