

LIS000083914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

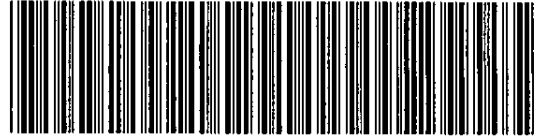
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

McGowan SEP - 9 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GLOBAL MASTER 707 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:

OSVALDO MARTINEZ
Name of Person
O&J PROFESSIONAL SERVICES INC
Firm/Company
782 NW 42 AVE STE 433
Address
MIAMI FL 33126
City/State and Zip Code
OSVALDOEMARTINEZ@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSVALDO MARTINEZ at (305) 446-4006
Name of Person Area Code 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GLOBAL MASTER 707 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 MAY 12, 2015 and assigned Florida document number L15000083914.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

741 SE 5TH PL

(Principal office address MUST BE A STREET ADDRESS)

HIALEAH FL 33010

Enter new mailing address, if applicable:

741 SE 5 TH PL

(Mailing address MAY BE A POST OFFICE BOX)

HIALEAH FL 33010

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:

OSVALDO MARTINEZ

New Registered Office Address:

782 NW 42 AVE STE 433

Enter Florida street address

MIAMI

City

Florida 33126

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

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>
MGR	JOHN GREGORY CHARRIZ	741 SE 5TH PL	<input checked="" type="checkbox"/> Add
		HIALEAH FL 33010	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ELIDA R ZANOTTY	741 SE 5TH PL	<input type="checkbox"/> Add
		HIALEAH FL 33010	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JOSE RIVAS	741 SE 5 TH PL	<input type="checkbox"/> Add
		HIALEAH FL 33010	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

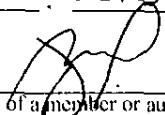
Multiple horizontal lines for amending information.

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated SEPTEMBER, 3, 2015



Signature of a member or authorized representative of a member

JOSE RIVAS

Typed or printed name of signee