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SECRETARY OF STATE
IALL ALIASSEE, FLORID.

K.SALY EXMINER JUL -1 2013

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
1 GLC	BAL CAPITA	AL LLC	
SUBJECT:		ted Liability Company	<del> </del>
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	DARICE LA	NG	
		Name of Person	
	1 GLOBAL (	CAPITAL LLC	
		Firm/Company	
	1250 E HALLA	ANDALE BEACH BL	VD 406
		Address	<del></del>
	Hallandale E	Beach FL 33009	
		City/State and Zip Code	
	dlang@primeline		
	E-mail address: (t	to be used for future annual report notificati	on)
For further information cor	ncerning this matter, please c	all:	
DARICE LA	NG	305.748.6	236 Ext.105
Name of I	Person	Area Code & Daytime Te	elephone 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

13 JUN 28 PM 2: 26

SECRETARY OF STATE

ALLAHASSEE, FLORIDA

### 1 GLOBAL CAPITAL 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 Compan	y were filed on 06/7/2013	and assigned
Florida document number L13000083095		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designat	ion "LLC" or the abbreviation
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)		
		<del> </del>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
	City , Florid	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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address <u>1</u>	Type of Action
MGRM	DARICE LANG	1250 E HALLANDALE BEACH BLVD # 406 HALLANDALE BEACH, FL 33009	Add
		<del></del>	Remove
			_
			Remove
			-
			Add Remove
			Add Remove
			Remove
<del></del>			Add
			Remove
			Add
			Remove

). If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• –	
-	
_	
ated	June 14 2013
<del></del>	Dorece by
	Signature of a member or authorized representative of a member
	DARICE LANG /
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00