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SECRETARY OF STATE
ALLAHASSEE. FLORIDA

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COVER LETTER

	egistration Se ivision of Cor			
SUBJECT	. To	rtuad . L.C		
SUBJECT	•	rtuga, LLC Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sui	bmitted for filing.	
Please retu	rn all correspo	endence concerning this matter	r to the following:	
		John	n T. Francis	· · · · · · · · · · · · · · · · · · ·
		Tortug	a Global, LLC Firm/Company	
		2220 CR 21	0 West, Suite 108,	Box # 322
	·	Jacksonvill	e, FL 32259 City/State and Zip Code	
			199@ yahoo.com to be used for future annual report notification	
For further	information co	oncerning this matter, please of		
В	Vandi Name of	Huwell	at (904) 535-072 Area Code & Daytime Tele	phone Number
		e following amount:		
∑\$ 25,00 l	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)
	Registra Divisior P.O. Bo	NG ADDRESS: ation Section to of Corporations x 6327 ssee, FL 32314	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE TALLAHASSEE. FLORIDA Tortuga, 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 9115/2004 and assigned Florida document number L040000 67844. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Tortuga Global, LLC

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) 2220 CR 210 West Enter new mailing address, if applicable: Suite 108, Box 322 (Mailing address MAY BE A POST OFFICE BOX) Jacksonville, FL 32259 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

MGR - Manager

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

<u>6</u>	Name	Address	Type of Actio
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f amendi	ng any other information, enter chai	nge(s) here: (Attach additional sheet:	s, if necessary.)
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	(July) J	009 er or authorized representative of a mem	SEP 14 AM 10: 32 RETARY OF STATE AHASSEE, FLORIDA

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