105000040546

(Re	equestor's Name))
(Ar	idress)	
(/ 16	, di C33,	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
		LS
· i		

Office Use Only



100105282961

07/06/07--01032--010 **25.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA 2007 JUL -6 PH 4: 18

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VRP GLOB (Name of Limite	ed Liability Company)
The enclosed member, managing member or rafiling.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning the	his matter to:
Geovanny Sep (Contact Person)	ulvesa
SBU (Firm/Company)	
	J
6200 South Ovarge	Blossom Trail
O lando, Ho,	rida 32809
For further information concerning this matter	
Geovany Seprewegg (Name of Contact Person)	at (407) 666-9590 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahagaa, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	JRP GLOBAL SERVICES LL (Present Name) (A Florida Limited Liability Company)		
FIRST:	The Articles of Organization were filed on 4/26/2005 and assigned document number 600040546.	d	
	document number 105 0000 40546.		
SECOND:	This amendment is submitted to amend the following:		
	Remove the following newley/man	agers.	
	Hugo Luna - Mar	-	
	1925 WINDCREST LATE CIRCLE O Mando, Harida 22424		
	GABRIELA SURIEL-MGL		
	1925 Winscrest Lake Circle O Manda, Honda 32824		
	mara, Franca 21824		
Dated	June 30, 2007.		
0	Johnste Paner	2007 JUL - SEORETA TALLAHAS	
	Signature of a member or authorized representative of a member	-6 P	
	Jolanda Ranos Typed or printed name of signee	PH 4: 1 OF STATE OF FLORIE	
	Typed or printed name of signee	AIL	Verser V

Filing Fee: \$25.00