

LIMITED LIABILITY COMPANY

DOCUMENT # L05000115435 1. Entity Name GLOBAL FUNDING, LLC						FILED 07 FEB 22 AM 8:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business C/O 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131 US				Mailing Address 601 BRICKELL KEY DRIVE SUITE 604 MIAMI, FL 33131 US			
2. Principal Place of Business 3225 AVIATION AVE		3. Mailing Address 3225 AVIATION AVE					
Suite, Apt., #, etc. Suite 302		Suite, Apt., #, etc. Suite 302					
City & State COCONUT GROVE, FL		City & State COCONUT GROVE, FL					
Zip 33133		Country USA		Zip 33133		Country USA	
6. Name and Address of Current Registered Agent ALVARO CASTILLO B., P.A. 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
						Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WENRICH, THOMAS 601 BRICKELL KEY DRIVE SUITE 604 MIAMI, FL 33131			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WENRICH, THOMAS 3225 AVIATION AVENUE SUITE 302 COCONUT GROVE, FL 33133		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	800089614038 02/27/07--01055--022 **\$5.00		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							