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EXAMINER



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SECRETARY OF STATE OF CORPORATION

COVER LETTER

TO: Registration Sec Division of Cor			
SUBJECT: ROSA			
	(Name of Limi	ited Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ROSA M CANAO		
		(Name of Person)	
	ROSA M CANAO LLC		
		(Firm/Company)	
	1030 MAPLE VIEW WAY	,	
	1000 WIN EE VIEW WAT	(Address)	
	ODI ANDO EL 22020		
	ORLANDO, FL 32828	(City/State and Zip Code)	
For further information co	oncerning this matter, please ca	all:	
ROSA M CANAO		at (786) 470-0110	
(Name of Person)		(Area Code & Daytime Telephone Number)	
Enclosed is a check for the	ne following amount:		
	_	Descoording For a	Maco on Piller P
□ \$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



• ROSA M CANAO LLC	./	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our rec da Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	y Company were filed on MAY 15, 2008	and assigned
Florida document number L07000034975	·	
This amendment is submitted to amend the following	3:	
A. If amending name, enter the new name of the l	limited liability company here:	
GLOBAL ELITE SOLUTIONS, LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida	street address)
	, FI	orida
	(City)	(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 Changing Registered Agent, Signature of New Registered Agent)

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title <u>Name</u> **Address Type of Action** _ Add Remove Remove Remove Add Remove _ Add Remove ☐ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00