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SECRETARY OF CONTURATION

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Global Blue Link LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Howther Wilson Name of Person
Global Blue Link Firm/Company
1241 Stony Brook LN. Address
Dunedin R 34698 City/State and Zip Code
heather a albhal blue Link (CM) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (127) 231-4291 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our	records.)	
The Articles of Organization for this Limited Liability Company v Florida document number LOTOCO59975.	(on and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the d	esignation "LLC" or the abl	 previation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			9
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Enter new mailing address, if applicable:		-6	HE T
(Mailing address MAY BE A POST OFFICE BOX)			
			5.41
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		rds, enter the name of	the new
Name of New Registered Agent:			····
New Registered Office Address:			
	Enter Floria	la street address	
		Florida	
	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

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

MGR = Mar MGRM = M	nager lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Add Remove
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		e(s) here: (Attach additional sheets, if necessary.	
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*He	wher Epright was mar	ried in 2009 and now is Her	ther Wilson *
Dated Y	nay 3, 201	Man	
	Han ther Wilson Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00