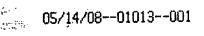
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(Re	equestor's Name)				
(Ad	dress)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	s of Status			
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2000 MAY IL AM II: 04 SECRETARY OF STATE

T. CLINE MAY 15 2008

EXAMINER

COVER LETTER

	ration Secon of Cor			
SUBJECT: _	GL	OBAL IMPEX 24 LLC		
		(Name of Lin	nited Liability Company)	
The enclosed A	rticles of A	Amendment and fee(s) are su	bmitted for filing.	
Please return al	l correspor	ndence concerning this matte	r to the following:	
		DOUG A WOJCIEC	CHOWSKI	
			(Name of Person)	·
		GLOBAL IMPEX 2	24 LLC	
			(Firm/Company)	<u> </u>
		<u>1440 10TH STRE</u>		
			(Address)	
		LAKE PARK FL	33403	TAE ZUBB
			(City/State and Zip Code)	ECRE HAY
For further info	mation co	ncerning this matter, please of	call:	SECRETARY OF STATE SECRETARY OF STATE OF Number)
HAROLD N			at (_561) 627-3089	FLOR
	(Name of	Person)	(Area Code & Daytime 1	'elephone Number)
Enclosed is a ch	eck for the	following amount:		
X *\$25.00 Filin	g 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	NG ADDRESS: tion Section	STREET/COURIER Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL 1MPEX 24 LLC (Name of the Limited I		as it now appe oility Company	ears on ou	ır records.)		,	
The Articles of Organization for this Limited Lia Florida document number <u>L08000032075</u>	bility Company we	ere filed on	MARCH	<u>1 28, 200</u>	8 and	assigno	ed
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of t	he limited liabilit	y company h	<u>ere</u> :				
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Com	pany," the	designation	"LLC" or th	e abbre	eviation
Enter new principal offices address, if applical	1440	LOTH ST	REET		<u>.</u>		
(Principal office address MUST BE A STREET ADDRESS)				L 33403	SECRI	3.	3 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B		LOTH_SI	REET L 33403	TARY OF STATE	Y ILL AMILLO		
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered office ce address here:	e address on	our rec	ords, <u>enter</u>	, t>	of th	ie new
Name of New Registered Agent:	DOUG A WOJ	WOJCIECHOWSKI					
New Registered Office Address:	1440 10TH	STREET					·-··-
		(4	Enter Flo	rida street a	address)		
·	LAKE PARK			_, Florida _	33403		
Now Devictored Agentle Signature: If show in a De	(1	City)			(Zip C	ode)	

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 = Manager MGRM = Managing Member **Type of Action** Address Title Name 6384 SAXON BLVD 🖸 Add MGRM DOUG A WOJCIECHOWSKI WEST PALM BEACH FL 33417 ☐ Remove □ Add □ Remove ☐ Add ☐ Remove □ Add □ Remove ☐ Add ☐ Remove □ Add □ Remove 딿 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Typed or printed name of signee

2008

DOUG A WOJCIECHOWSKI

Dated MAY 12

Page 2 of 2

Signature of a member of authorized representative of a member

Filing Fee: \$25.00