(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Business Entry Name)				
(Document Number)				
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G. MCLEOD

EXAMINER

COVER LETTER

TO: Registration So Division of Co		
SUBJECT: Global I	Impact USA LLC	
	(Name of Limited Liability Company)	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	condence concerning this matter to the following:	
	Andrea Iglesias	
	(Name of Person)	
	Global Impact USA, LLC	
	(Firm/Company)	
	8431 SW 124 Avenue Unit # 103	
	(Address)	
	Miami, Florida 33183	
	(City/State and Zip Code)	
For further information of	concerning this matter, please call:	
Andrea Iglesias	at (786) 715-7745	
(Name	e of Person) (Area Code & Dayti	me Telephone Number)
Enclosed is a check for the	the following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclose)	\$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

FILED SECRETARY OF STATE DIVISION OF CORPORATION

08 MAY -1 AM 8: 27

GLOBAL IMPACT USA, LI	LC			
(Name of the Limite	d Liability Company as it now appe A Florida Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited I	Liability Company were filed on M	IARCH 31, 2008 and assigned		
Florida document number <u>L08000033187</u>	•			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name o</u>	of the limited liability company h	ere:		
The new name must be distinguishable and end w 'L.L.C."	ith the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation		
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the new		
Name of New Registered Agent:	ANDREA IGLESIAS			
New Registered Office Address: 8431 SW 124 AVE UNIT #103				
	(.	Enter Florida street address)		
	MIAMI	, Florida 33183		
	(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 pereby 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

<u>Title</u>	Name	Address	Type of Action
MGRM	ROBERT CARHUAYO	15910 SW 101 AVE MIAMI, FL 33157	Add Remove
ddig gliridd yn y bei y bei di gyng e	wante de la companya		Add Remove
			Add Remove
			Add Remove
100 mg			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	
***************************************			_ _
			_
Dated APRIL			
	AUOREA =	r authorized representative of a member SASAS printed name of signee	

Page 2 of 2

Filing Fee: \$25.00