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SECRETARY OF STATE
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T. CLINE

AUG 26 2008

EXAMINER

COVER LETTER

Division of Co	rporations				
SUBJECT: GLOBA	AL IMPACT USA LL	С		1	+
		ited Liability Company)		•	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	ANDREA IGLESIAS				
		(Name of Person)			
		(Firm/Company)			
	8431 SW 124 AVE UNIT	r# 103			
		(Address)			
	MIAMI, FL 33183				
		(City/State and Zip Code)			
For further information of	concerning this matter, please c	all:	;	anns SEC	
ANDREA IGLESIAS		at (786) 715-7745	!		
(Name	of Person)	(Area Code & Daytime T	•	25 SSEI	- See See See See See See See See See Se
Enclosed is a check for t	he following amount:			OF STA	ط الله الله وهمالمدس المداراة
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Co	f Status &	i)

MAILING ADDRESS:

TO:

Registration Section

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

GLOBAL IMPACT USA LLC		&
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our re Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C	Company were filed on MARCH 31, 20	008 and assigned
Florida document number L08000033187		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the world.L.C."	rds "Limited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	7A.1
_		27 27
Enter new mailing address, if applicable:		11.1
(Mailing address MAY BE A POST OFFICE BOX)		
		0: L 7
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		s, enter the name of the nev
to the new registered office and	ress nere.	
Name of New Registered Agent:		
New Registered Office Address:		
•	(Enter Florida	street address)
		lorida
	(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 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		
MGR_	ROSALBA E ELISERIO		Add Remove		
MGR	ANDREA IGLESIAS	8431 SW 124 AVE #103 MIAMI, FL 33183	☑ Add ☐ Remove		
			☐ Add ☐ Remove		
<u>-</u>			☐ Add ☐ Remove		
			☐ Add ☐ Remove		
		A C C P S C C P S C C C P S C C C C C C C	: السترة الأ		
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary)	25 AHIO:		
Dated AUGUS	puch DE	Teri-			
	Signature of a member or ROSALBA E ELISERIO	authorized representative of a member			
Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00