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T. HAMPTON

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EXAMINER

COVER LETTER

TO:	Registration S Division of Co		1	
SUBJE	ECT:	GLOBAL II	MPACT USA, LLC	
			ited Liability Company	
The end	closed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following.	
			ANDREA IGLESIAS Name of Person	
		GLC	DBAL IMPACT USA, LLC	
٠			Firm Company	
		278	0 NE 183 ST SUITE 801	
			Address	
		Α	VENTURA, FL 33160	
	•		City State and Zip Code	,
		E-mail address: (sias@globalimpactoniine to be used for future annual report no	.com tification)
For furt	ther information	concerning this matter, please c	eall:	
	AND	REA IGLESIAS	at (786)	7157745
	Name	of Person	Area Code & Dayt	ime Telephone Number
Enclose	ed is a check for t	the following amount:		·
V \$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi P.O. E	JNG ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2011 NOV 30 AM 11: 43

(<u>Name of the Limited</u>	OBAL IMPACT USA, LLC Liability Company as it now appears a Florida Limited Liability Company)	on our records. A	HASSEE, FLORIDA	
The Articles of Organization for this Limited L	- ab and by Company (1010 1110 a cm	ARCH 31, 2008	and assigned	
Florida document number L08000033	3187			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liability company here	:		
G	LOBAL IMPACT USA, LLC			
The new name must be distinguishable and end with "L.L.C"	th the words "Limited Liability Compan	y," the designation "i	LLC" or the abbreviation	
Enter new principal offices address, if applic	able:			
<u>(Principal office address MUST BE A STREE</u>	T ADDRESS)			
Enter new mailing address, if applicable:				
(Muiling address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/orthe new registered of		r records, enter	the name of the new	
Name of New Registered Agent:	ANDREA IGLESIAS			
New Registered Office Address:	Address: 2780 NE 183 ST, STE 801			
-	Ente	r Florida street ada	tress	
	AVENTURA	, Florida	33160	
	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

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

wiGR = Manager. MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
∂R	RAUL EDUARDO BOTERC	2780 NE 183 ST, SUITE 801, AVENTH FL 33160	☐ Add ☑ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
<u>.</u>			Add Remove
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	2011 N
		TALLAHASSEE, FUO	FILED 2011 NOV 30 AMII:
 Dated	NOVEMBER 21 2010)RIOA	1: 43
	•	authorized representative of a member	
		REA IGLESIAS printed name of signee	

Page 2 of 2

Filing Fee: \$25.00