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T. CLINE

JUN - 3 2008

EXAMINER

COVER LETTER

TO:	Registration,S Division of Co			
SUBJECT:			AGEMENT GLOBAL, LLC	
		(Name of Lim	ited Liability Company)	
The en	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		WILLIAM	FRETZ JARRETT JR	<u></u>
		CAPE	(Name of Person) NAMAGEMENT GLOBAL, LL	.c
			(Firm/Company)	
		15 WE	ST 43RD STREET 13	
		NEW,	Vonk NY 10036	· .
			(City/State and Zip Code)	TAS 23
D 6				2000 JUN -3 SECRETAR'S
For fur		concerning this matter, please c		ASS
Mici		2 JARRETT JR	at(202) 285 9226	EO P
	(Name	of Person)	(Area Code & Daytime Telephone I	PH 1: 34 PH 1: 34 Vumber) LORIDA
		the following amount:		•
2 \$25	.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	00 Filing Fee, rtificate of Status & rtified Copy Iditional copy is enclosed)
	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	:SS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPE MANA	AGE MENT	GLOBAL,	LLC		
(<u>Name of the Limited Liab</u> (A Flori	i <mark>lity Company as</mark> da Limited Liabili	it now appears on ou ty Company)	ır records.)		
The Articles of Organization for this Limited Liability		filed on		and assig	med
This amendment is submitted to amend the following	; :			•	
A. If amending name, enter the new name of the l	limited liability o	company here:			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Li	ability Company," th	e designation "LLC"	or the ab	breviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD	DRESS)				
•					
			E.	2000	
Enter new mailing address, if applicable:			<u> </u>	á 🗀 .	# NA Z PM 1
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		Ĵ- Ţ		() () () () () () () ()
			38.5	ဦး ယ်	1 2 2
			الد. قابل	? ₽	, 1
B. If amending the registered agent and/or re	gistered office s	address on our re	cords, enter the	^ nam e o f	the new
registered agent and/or the new registered office a	ddress here:		,	34	
Name of New Registered Agent:					·
New Registered Office Address:		(Euton El	orida street address	a)	
	(Enter Florida street address)				
			, Florida		
	(Ci	(ty)	(.	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 **Address Type of Action Title** Name 1 WILLIAM FRETZ JARRETT JR 15 WEST Remove 245 OLD BROMPTON ROAD Remove ∫ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)n MAY 26 2008 Dated Signature of a member or authorized representative of a member WILLIAM FRETZ JARRETT Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00