## L08000049824

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**EXAMINER** 

- LALL WINGS STATE

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ACCOUNT NO. : 072100000032 REFERENCE: 639234 7658329 AUTHORIZATION : COST LIMIT ORDER DATE : July 8, 2008 ORDER TIME : 2:19 PM ORDER NO. : 639234-015 CUSTOMER NO: 7658329 DOMESTIC AMENDMENT FILING NAME: HAMELN-ATLANTIC, LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER'S INITIALS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAMELN-ATLANTIC, LLC			
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our recor Limited Liability Company)	ds.)	
The Articles of Organization for this Limited Liability C	Company were filed on 5/19/2008	and assigned	
Florida document number L08000049824	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
ABC Global Partners, LLC			
The new name must be distinguishable and end with the world. L.C."	ords "Limited Liability Company." the design	nation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	11 may 1 may 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	上京「コ	
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address to the new registered of the new registered o		FLORIDA 5	
Name of New Registered Agent:			
New Registered Office Address:	(Futon Cl., a) L. o	mar and discussion	
	(Enter Florida street address)		
	. Flo	rida(Zip Code)	
	(City)	(Zip Coae)	

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			
Title	Name	Address	Type of Action
			Add Remove
			Add Remove
	Un antiqua propujujujujujujujujujujujujujujujujujujuj		Add Remove
			Add Remove
			Add Remove
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Walking to the transmission of the transmissio		Add Remove
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	
***************************************			
Dated June 2	25 / 200	08	
Daica June 2	Manufe of Africa	nper or authorized representative of a member	
	Karen L. Moody	ped or printed name of signee	

Page 2 of 2

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