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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

SUBJECT: Provicion Enterprise LLC							
	(Name of Lim	ited Liability Company)					
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
	Lucy Palacios						
		(Name of Person)					
	M & L ENTERPRISES ACCOUNTING AND MORE INC (Firm/Company)						
•		(1 title company)					
	16969 NW 67 Avenue S	uite # 201					
		(Address)					
	Higher El 22015						
	Hialeah, FL 33015 (City/State and Zip Code)						
For further information concerning this matter, please call:							
Lucy Palacios		at (305) 623-7093					
(Name of Person) (Area Code & Daytime Telephone Number)			elephone Number)				
Enclosed is a check for the following amount:							
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

.TO:

Registration Section · Division of Corporations

> 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 24, 2008

LUCY PALACIOS M & L ENTERPRISES ACCOUNTING AND MORE IN 16969 NW 67 AVENUE SUITE #201 HIALEAH, FL 33015

SUBJECT: PROVISION ENTERPRISES LLC

Ref. Number: W08000044321

We have received your document for PROVISION ENTERPRISES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 708A00051370

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

08 OCT -8 PM 12: 41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Provicion Enterprise LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabilit	ty Company were filed on 09/09/08	and assigned
Florida document number L08000085900	·	
This amendment is submitted to amend the following	z :	
A. If amending name, enter the new name of the	limited liability company here:	
GLOBAL PROVISION ENTERPRISE LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida s	street address)
		orida
	(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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = M	nager Ianaging Member		
Title '	<u>Name</u>	Address	Type of Action
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	
			08 OCT -8 SECRETARY
Dated		·	T-8 PM 12: 41 TARY OF STATE HASSEE FLORIDA
	George Gutierrez	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00