L08000095337

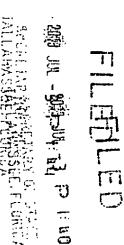
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COLLING.

COVER LETTER

TO: Registration S Division of Co				
	ne Survey, LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.			
Please return all corresp	pondence concerning this matter to the following:			
	Brian C. Perlin			
	Name of Person Brian C. Perlin, P.A.			
Firm/Company 201 Alhambra Circle, Stc. 503				
	Address Coral Gables. FL 33134			
	City/State and Zip Code brian@perlinestateplanning.com			
	E-mail address: (to be used for future annual report notification)			
For further information	n concerning this matter, please call:			
Brian C. Perlin	305 443-3104 at ()			
Name	e of Person Area Code Daytime Telephone Number			
Enclosed is a check for	the following amount:			
S25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Co (additional copy is enclosed)	of Status & opy		

MAILING ADDRESS:

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 One Survey, LLC			FIIF	ī D
	(A Florida Limited L			
The Articles of Organization for this Limited L Florida document number L08000095337	iability Company	were filed on 10/8/200	SECRETARY TALLAHASSE	P F NO and assigned OF SEASE E. FLORIDA
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the well that the second of the secon	cable:	lity Company," the designa	ation "LLC" or the a	bbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/ registered agent and/or the new registered of			records, enter	the name of the new
Name of New Registered Agent: New Registered Office Address:		C. Perlin rumbra Circl		3
	Coral	Gables City	, Florida	33134 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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	Jose M Rives	7725 SW 129 Court	
PR/MGR			
•		Miami, FL 33183	
			■ Remove
			Change
c l-2	Dignora Rives	7725 SW 129 Court	
SITR			
		Miami, FL 33183	
			Remove
			5 01
	Yamile Rives-Gonzalez, Trustee		Change
MGR	i aimie Rives-Gonzaiez, Trustee	8880 SW 105" Street	■ Add
<u>. 1818</u> -		5435 355 135 Offeet	= Add
		Miami FL 33156	□ Remove
			Change
			Remove
			Change
			Remove
			Chum
			□ Change
			
			Remove
		-	
			Change

D. If amendi	ing any,other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
(If an effective Note: If the	date, if other than the date of filing: U H OOO (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the day after the record is filed.
Dated	0
	Signature of a member of authorized representative of a member
	Yamile A. Rives-Genzalez Trustee. Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00