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EXAMINER

COVER LETTER

	gistration Sect vision of Corpo				
SUBJECT:	O,	XAKI GLOBI Name of Limi	AL SUPPLIER.	<u> </u>	
The enclose	d Articles of A	mendment and fee(s) are sul	omitted for filing.		
Please return	n all correspond	dence concerning this matter	to the following:		
		Joyc	Name of Person	•	
			Firm/Company		
		5560 1	Yetrougst Bha	1 4 304	
		ort	Metracuest Bha Address Condo, FL 328 City/State and Zip Code	<u>11</u>	
		E-mail address: (to be used for future annual report notification	on)	
For further i	nformation con	cerning this matter, please c	•	ALL AHASS	10.00
	Name of F	Person	at ()	ephone Number	7.95m
			·	1. · · ·	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enclosed is	a check for the	following amount:			yeu Tea
\$25.00 F		\$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)	
	MAILIN	G ADDRESS:	STREET/COURIER A	ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L (A F	G LOB / iability Compar lorida Limited L	AL 5 V () ny as it now appear: iability Company)	PPLIER s on our records.)	<u> </u>	C	
The Articles of Organization for this Limited Liab Florida document number <u>人 0 8 0 0 0</u>	bility Company 1117-63	were filed on <u>le</u>	2/05/2002	and a	ssigned	
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liabi	ility company her	<u>₽</u> :			
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Compar	ny," the designation "L	LC" or the	e abbrevia	 ation
Enter new principal offices address, if applical	ble:			I'AI IS	20	
(Principal office address MUST BE A STREET	ADDRESS)			LA LA	I FEB	
			<u>. </u>	7	<u>, 22</u>	* #4.7
				333	<u>-</u> -	,,,,,,
Enter new mailing address, if applicable:				<u> </u>	2000 2005	- (*)
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			ET I	₽	~
				du (n :	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	ce address here	2:				new
Name of New Registered Agent:	- YARA	MITTE	0XAK1 80n ST	 	 	
New Registered Office Address:	2816	E Robin	80n ST			_
		I74	F11 1 1			_
	Orl	ando	er Fioriaa street aaa , Florida	32	80	<u> </u>
		City		Zip Co	de	
New Registered Agent's Signature, if changing Re	gistered Agent:					
I hereby accept the appointment as registered the provisions of all statutes relative to the pro- accept the obligations of my position as registe	per and compl	lete performance d	of my duties, and I a	ım familid	ar with a	and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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

IGRM = M	lanaging Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
<u>м<i>6</i>Н</u>	A Kemi Oza Ki	7301 Mardell CT Oxlando, FL 32835	Add Remove
1 <u>6</u> M	Yara MiTie Ozaki	2816 E. Robinson ST Oclando, FL 32803	Add Remove
			Add Remove
			Add Remove
	·		Add Control Remove
. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary)	Remove
			·
			<u> </u>
ated	Jan 28 , 201 Signature of a member of	Mittle O26 X All or authorized representative of a member	leni Za K GM
	/ /	M. or printed name of signee	<u>9</u> M 1

Page 2 of 2

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