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EXAMINER	1 _A 1.

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COVER LETTER

TO: Registration Division of C	
SUBJECT:	Clobal Team Legacy L.C. (Name of Limited Liability Company)
	(Name of Limited Liability Company)
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	Tom Quith (Name of Person)
	(Name of Person)
	(Firm/Company)
	16715 Bay Clab Pr. (Address)
	Clermont FL 34711 (City/State and Zip Code)
For further informatio	n concerning this matter, please call:
Ton a	at (407) 509-1175 ne of Person) at (407) 509-1175 (Area Code & Daytime Telephone Number)
Enclosed is a check for	or the following amount:
\$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

6-lobal Team Leg		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our reco pility Company)	ords.)
The Articles of Organization for this Limited Liability Company we Florida document number <u>LOSOO//4897</u>	ere filed on	- 08 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designment	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET ADDRESS)		
-		1
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
-		
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records	, enter the name of the new
Name of New Registered Agent:	·	
New Registered Office Address:	(Enter Florida	TAI S
		street address)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		EFED SI

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to Examply 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 Nanagers 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			= 5
			
			= .
			- n
			=
D. If ame	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necess	sary.)
_	The only Change	is just one word	<u> </u>
=14 _	Global Markethy Inc.	is just one word needs to be theng	ed to
nn _	Intiniti Marketing Inc.		
	Same Address same compa.	y, I sust made an a	error
	was typing.		9 FF
	-28-09		HASS
	1/5		٠
	Signature of a membe	r or authorized representative of a member	8: 25 ORIDE

Page 2 of 2

Filing Fee: \$25.00