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(Re	questor's Name)	
(Ad	dress)	•
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J. SAULSBERRY EXAMINER AUG 0 1 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

GLOBAL CONNECTION SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN C CLAROS

Name of Person

GLOBAL CONNECTION SERVICES LLC

Firm/Company

29 OLD KINGS RD N SUITE 5B

Address

PALM COAST, FL. 32137

City/State and Zip Code

jcclaros@globalconnectionusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN CLAROS

___386\246-7884

Name of Person

Area Code & Daytime Telephone 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:

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 CONNECTION SERVICES 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 Liability Co	ompany were filed on 1-5-2009	and assigned
Florida document number L0900000961	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	77 Cas
		
Enter new mailing address, if applicable:		3
(Mailing address MAY BE A POST OFFICE BOX)		8: 30
B. If amending the registered agent and/or registered agent and/or the new registered office addr		enter the name of the new
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida st	reet address
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	l 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 Type of Action <u>Title</u> <u>Name</u> **Address LUIS CLAROS** 12 VISCAYA DRIVE **MGRM** PALM COAST, FL. 32137 Remove Remove Remove

,	enter change(s) here: (Attach additional sheets, if necessary
	\mathcal{A}
ed JULY 26TH	2013
	Haum
Cionatura	of a member or authorized representative of a member
JUAN CLAROS	of a member of authorized representative of a monitor
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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