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(Ře	equestor's Name)			
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EXAMINER



COVER LETTER

	Division of Corpo	on rations		
SUBJEC	CT:		erprise Solutions LLC	*******
		vane of Lin	ited Liability Company	
The encl	osed Articles of An	nendment and fee(s) are su	bmitted for filing.	* AUG 6
Please re	turn all correspond	ence concerning this matter	r to the following:	FILED M. C.
			Nestor L. Guillen	
			Name of Person	——————————————————————————————————————
			V.120.0	4
		Giobalb	oiz Enterprise Solutions LLC	OF U
			Firm/Company	Br.
		10544 [NW 26th Street, Suite E-204	
			Address	Š
			Miomi El 22172	A POST OF THE
			Miami, FL 33172 City/State and Zip Code	
		nla	uillen@globalbizes.com	
	•		to be used for future annual report notificati	
For furth	er information conc	cerning this matter, please o	zall:	For e
				92 0
Nestor L. Guillen			at (305) 83 Area Code & Daytime Te	1-4093
	Name of Fe	ason	Area Code & Daytime re	repriorie Number
Enclosed	is a check for the f	following amount:		,
\$25.0 0	O Filing Fee [7 \$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,
•		Certificate of Status	Certified Copy	Certificate of Status &
			(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
				(additional copy is chelosed)
	MAILING Registratio	G ADDRESS:	STREET/COURIER Registration Section	ADDRESS:

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Globalbiz Enterprise Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company) 03/16/2009 The Articles of Organization for this Limited Liability Company were filed on __ L09000025392 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Globalbiz Tax and Business Consulting, LLC The new name must be distinguishable and ond with the words "Limited Liability Company," the designation "LL&" "L.L.C." 10544 NW 26th Street, Suite E-204 Enter new principal offices address, if applicable: Miami, FL 33172 (Principal office address MUST BE A STREET ADDRESS) 10544 NW 26th Street. Suite E-204 Enter new mailing address, if applicable: Miami, FL 33172 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: Interamerican Corporate Services LLC 2525 Ponce de Leon Blvd., Suite 1225 New Registered Office Address: Enter Florida street address Coral Gables Florida 33134 Citv 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.

egistered trent, Signature of New Registered Agent

Tage 1 of 2

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 = Mai MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
	•		Add Remove
800.L. 314			Add Remove
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D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
			
<u> </u>	0 1 / 5 - 0	1-	
Dated	ly 24th, 2009.	- Fisher	$\left(\begin{array}{c} \\ \end{array}\right)$
		or authorized representative of a member	
		estor L. Guillen	<u></u>

Page 2 of 2

Filing Fee: \$25.00