

LD9000084186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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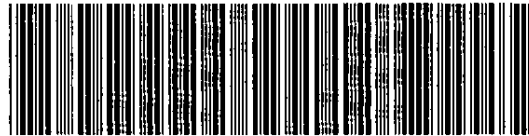
(Business Entity Name)

(Document Number)

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10 AUG -2 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. C. 2013 AUG -3 2013

LAW OFFICE OF  
**ROBERT E. SHARBAUGH, P.A.**

700 CENTRAL AVENUE, SUITE 402  
ST. PETERSBURG, FL 33701  
PHONE: (727) 898-3000

July 30, 2010

**via FEDERAL EXPRESS**  
**U.S. AIRBILL #8653 3478 9330**

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

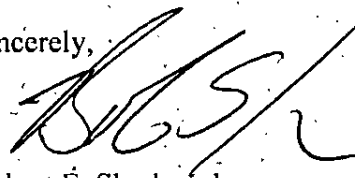
**Re: Global Ground Solutions, LLC – Articles of Amendment**  
**Document No. L09000084186**

Gentlemen:

Enclosed are the original and one copy of the Articles of Amendment for Global Ground Solutions, LLC. Our check in the amount of \$55.00 is enclosed representing the filing fee and one certified copy. A self-addressed, stamped envelope is enclosed for your convenience.

If you have any questions or need anything further, please give me a call. Thank you for your assistance and cooperation.

Sincerely,



Robert E. Sharbaugh

RES/js  
Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Global Ground Solutions, 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:

Robert E. Sharbaugh

Name of Person

Law Office of Robert E. Sharbaugh, P.A.

Firm/Company

700 Central Avenue, Suite 402

Address

St. Petersburg, FL 33701

City/State and Zip Code

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

For further information concerning this matter, please call:

Robert E. Sharbaugh

Name of Person

at ( 727 )

898-3000

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 Ground Solutions, LLC**

(Name of the Limited Liability Company as it now appears on our records.  
(A Florida Limited Liability Company)

FILED  
10 AUG -2 PM 12: 51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8-26-09 and assigned  
Florida document number L09000084186.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(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:

New Registered Office Address:

*Enter Florida street address*

Florida

City

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.*

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Pete Apostolou	700 Central Avenue, Suite 104 St. Petersburg, FL 33701	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MEM	Mark S. Berset	1050 Friendly Way South St. Petersburg, FL 33705	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Anastasia Apostolou	275 - 1st Street West St. Petersburg, FL 33715	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Brian Lipsey	700 Central Avenue, Suite 104 St. Petersburg, FL 33701	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MEM	George Apostolou	275 - 1st Street West St. Petersburg, FL 33715	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MEM	Kristen Berset	1050 Friendly Way South St. Petersburg, FL 33705	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MEM	Derek Berset	1050 Friendly Way South St. Petersburg, FL 33705	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED  
10 AUG -2 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated July 30

2010

Signature of a member or authorized representative of a member

Robert E. Sharbaugh

Typed or printed name of signee