## 10900091911

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SECRETARY OF STATE
TALLAHASSEE: FLORID:

M. THOMAS

OCT 3 0 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration S  Division of Co			
SUBJECT:	Glob	al Eye, LLC	
SOBOLCI.		ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	R	onald J. Isriel, Esquire Name of Person	
Isriel Ponzoli Keller & Simpson,		nzoli Keller & Simpson, P.A. 국 등	
		Firm/Company	
•	80 S.W. 8h Street - Suite 1720		
•		Address	
		Miami, Florida 33130 City/State and Zip Code risriel@ipkslaw.com	
		City/State and Zip Code	
	E-mail address: (	risriel@ipkslaw.com to be used for future annual report notification)	
For further information	concerning this matter, please of	·	
	Ron Isriel	at (_305 ) 577-4800	
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	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Globa	l Eye, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appear	s on our records.)	
(A Florida Eulii	ted Liability Company)		
The Articles of Organization for this Limited Liability Comp	oany were filed on	09/22/2009	and assigned
Florida document numberL0900091911			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :	
<u> </u>		_	
The new name must be distinguishable and end with the words "	Limited Liability Compa	ny." the designation "	LLC" or the abbreviation
"L.L.C."	1		TS S
Enter new principal offices address, if applicable:			
• •		· · · · · · · · · · · · · · · · · · ·	72 73
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		- 5 - M
		<del></del>	- Fg 3 C
			7257
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registered		ur 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:			
New Registered Office Address:	Eni	ter Florida street ad	dress
	City	, Florida	Zip Code
	City		zip Coae

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>	Type of Action
MGR	Ricardo Tabet	888 Biscayne Boulevard Suite 5507 Miami. FL 33137	☑ Add ☐ Remove
			□ Damasia
			Add Bemove
			Adda SEA Remove
<del></del>			TRemove
<del></del>			AddRemove
D. If amen	nding any other information, e	nter change(s) here: (Attach additional sheets, i	f necessary.)
_			
	October 27	. 2009	
Dated	Colose 2.		
	Stonature	of a member or authorized representative of a membe	<u></u>
		Ronald J. Isriel, Attorney in Fact	-
	-	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00