L09000110713

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BIVISION OF CURPURALITY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

C. LEWIS

OCT 1 0 2012

EXAMINER

COVER LETTER,

TO: Registration S Division of Co						
SUBJECT:	: Interglo	bal Miami LLC				
		ted Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Carlos J. Ekmeiro					
	Name of Person					
	Interglobal Miami LLC					
Firm/Company						
8400 NW 36th Street STE 220						
		Address	· 			
		Doral, FL 33166				
		City/State and Zip Code				
	carlosekmeiro@hotmail.com					
	E-mail address: (to be used for future annual report notifica	tion)			
For further information	concerning this matter, please of	call:				
	arlos Ekmeiro	at (59-9858			
Name	of Person	Area Code & Daytime T	`elephone 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:

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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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2012 OCT -9 PM 3: 13

Interglobal I	Miami LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	<mark>ny as it now appea</mark> Jiability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL09000110713	were filed on	11/17/2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	8400 NW 36	th Street STE 220	
(Mailing address MAY BE A POST OFFICE BOX)	Doral, FL 33	166	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter t</u>	he name of the new
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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** ☐ Add Remove ☐ Add Remove ___ Add ☐ Remove ∏Add Remove □Add Remove ∏Add 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 Carlos J. Ekmeiro Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00