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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Global Innovations Petwork UC 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:
<u> Hichael Benlolo</u>
Global Innovations Petwork UC Firm/Company
15/6/ DE 21 St Ave
Porth Kiami, FL 33162
michaelbenlolo@ginfl.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Benloto 41,786, 630-0364
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status} \Bigcup \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee.} \Bigcup \text{Certified Copy (additional copy is enclosed)} \Bigcup \text{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 Innovation	15 Petwork LC
(Name of the Limited Liability Company (A Florida Limited Lia	: as it now appears on our records.) (bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L4 0000 44 9</u>	rere filed on April 27, 2010 Fed asserted
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	v 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)	15161 NE 21 St Ave North Hami, FL 33162
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Elowido
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	• • • • • • • • • • • • • • • • • • • •

If Changing Registered Agent, <u>Signature of New Registered Agent</u>

accept the obligations of my position as registered agent as provided for in Chapter 605, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
HAR	Harc J Simhon	12955 Biscayne Blv	d □ Add
-		12955 Biscayne Bly 5te 202 North Miami, FL 3318	Remove
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(If an effective of Note: If the	ate, if other than the date is fisted, the date mu- date inserted in this b effective date on the E	st be specifie a lock does no	ind cannot be pri t meet the appl	icable statutory	or more than 90 days		
	specifies a delaye n day after the rec			ot an effectiv	ve time, at 12:	01 a.m. on the	earlier of:
Dated	Wy 18th	/	2018	1 ·			
		Signature of	a member or aut	horized represent	tive of a member		<u>-</u>
	/		1 .	lolo nted name of signo			

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Filing Fee: \$25.00