## 10000070658

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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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EXAMINER



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SECRETARY OF STATE
AND AMASSEE FLORID

## **COVER LETTER**

TO: Registration Se Division of Cor	ection porations				
SUBJECT:		International Group ited Liability Company	LLC.		
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return all correspo	ndence concerning this matte	r to the following:			
•					
Name of Person					
	Global Bus	siness International Gro	oup, LLC.		
		Firm/Company			
147		V Okeechobee Road. S	ite #5		
		Address			
<del></del>		Hialeah, FL. 33010			
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	MRGloba E-mail address:	alBusinessGroup@gma	ail.com		
For further information or	oncerning this matter, please	•	Chottheadony		
To rather information of	Sheerning this matter, please	Cair.			
	uel Rivero, Jr.	at ( 786 )	389-4848		
Name of	Person	Area Code & I	Paytime Telephone Number		
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILI	NG ADDRESS:	STREET/CO	DURIER ADDRESS:		

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global Business Inter	national Gro	up, LLC.		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appe: Liability Company)	ars on our records.)	_	
The Articles of Organization for this Limited Liability Company	were filed on	07/02/2010	and assigne	∍d
Florida document numberL10000070658				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company he	ere:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Comp	pany," the designation "I	LC" or the abbre	eviatio
Enter new principal offices address, if applicable:	1475 W Okeechobee Road. Ste #5			
(Principal office address MUST BE A STREET ADDRESS)	Hialeah, FL.	33010	A = 1	
Enter new mailing address, if applicable:			NOV 14 METARY AHASSE	crumations principality
(Mailing address MAY BE A POST OFFICE BOX)				
		·	LORID STATE STATE	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter t		e nev
Name of New Registered Agent:	<del></del>			
New Registered Office Address:	· F1	nter Florida street add	ross	
	Lit		. 000	
<del></del>	City	, Florida	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>	Name	Address	Type of Action
MGR	Manuel Monteagudo	11045 SW, 52nd Dr. Miami, FL, 33165	_ <b>☑</b> Add Remove
			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
D. If amending	g any other information, enter change(s	) here: (Attach additional sheets, if necessary.)	
			_
			-
Dated	November 8th , 2011		<del></del>
	Signature of a member or	authorized Typessentative of a member	<del></del>
_		uel Rivero, Jr.	
	Typed or p	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00