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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAR 22 AM 8:46

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J. SAULSBERRY  
EXAMINER

MAR 23 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Global Voice 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:

Andrea Torrico  
Name of Person  
The Global Voice LLC  
Firm/Company  
1120 Grove Street  
Address  
Maitland, FL 32751  
City/State and Zip Code  
andreapt3@hotmail.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Melina Torrico at (407) 770-4582  
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
- \$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



**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**

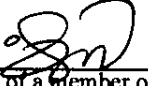
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Andrea Torrico	1120 Grove Street Maitland, FL 32751	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Melina Torrico	1120 Grove Street Maitland, FL 32751	<input checked="" type="checkbox"/> Add <input type="checkbox"/> 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

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

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 \_\_\_\_\_  
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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Andrea Torrico  
 \_\_\_\_\_  
 Typed or printed name of signee