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SECNETARY OF STATE
FALLAHASSEF, FIRBLE

B. BOSTICK DEC 1 5 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	Name of Limited Liability Company
	Name of Emmed Diability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Marcos Diaz
	Global Really Jean Firm/Company
	1637 E. Vine Street Suite# 136
	Kissimmee F 34744
	City/State and Zip Code info Daloba really team . com E-mail address: (to be used for future annual report nonfrication)
For fur	ther information concerning this matter, please call:
	Jade at 401 433- 6279 3 III Name of Person Area Code & Daytime Telephone Number 500
Englar	PATE DRIDA
· ^	ed is a check for the following amount: 5.00 Filing Fee \$\Backsquare \\$30.00 Filing Fee & Backsquare \Backsquare \\$60.00 Filing Fee.
	Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

ARTICLES OF ORGANIZATION

Global Rank	1/100 110
(Name of the Limited Liability Company	y as it now appears on our records.)
(A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on $\frac{09/08/20/0}{\text{and assigned}}$
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	HE C
	Sin Ω V
Enter new mailing address, if applicable:	L'OFFA
(Mailing address MAY BE A POST OFFICE BOX)	02 10 _A
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	
Name of New Registered Agent:	az, Marcos
New Registered Office Address: 1637	6. Vine Street Suite # 136
12.	Enter Florida street address
<u>Kissi</u>	mnee , Florida Horida 34744 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Sily Control

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, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action Title Name** <u>Address</u> Pizarro Garcia, Carlos J Remove □ Add Remove ☐ Add Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar) 2010 Ignature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00