## 10000108665

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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(Document Number)				
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**EXAMINER** 

## **COVER LETTER**

то:	Registration Sec Division of Corp			
SUBJECT: Global Express USA, LLC			_	
		Name of Limi	ted Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	idence concerning this matter	to the following:	
			Pamela Clark Name of Person	<u> </u>
			Address	<del></del>
		Sa	arasota, Florida 34240	
			City/State and Zip Code	
		pam	elaclark36@yahoo.com	
For fur	ther information co	E-mail address: (i	to be used for future annual report notification)	Zam Nov 29
	Par	mela Clark	at ( 941 ) 320-1837	in programme in the pro
	Name of		Area Code & Daytime Telephone Num	ber 500
Enclose	ed is a check for the	e following amount:		(報)元 <b>(2)</b>
<b>\$</b> 25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed.	Filing Fee, icate of Status & ied Copy ional 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 Exp	oress USA, LLC			
( <u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appear ted Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Comp	oany were filed on	10/18/2010	and ass	igned
Florida document number L10000108665				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compa	ny," the designation "I	LLC" or the a	abbreviatio
Enter new principal offices address, if applicable:			= 12	
Principal office address MUST BE A STREET ADDRESS	<u></u>			
			36 3	
			29	Education .
Enter new mailing address, if applicable:		, i		CVII
Mailing address MAY BE A POST OFFICE BOX)	<del></del>		1100	
			<b>源</b> Δ ω	
		-	to - GC	
B. If amending the registered agent and/or registered	d office address on o	our records, enter t	the name o	f the ne
registered agent and/or the new registered office address	<u>here</u> :			
Name of New Registered Agent:				<del> </del>
New Registered Office Address:				
	En	Enter Florida street address		
		, Florida		
	City		Zin 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 of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Francesco Gianni	856 Pine Ridge Lane Sarasota, Florida 34240	Add  Kemove
<del></del>	<del></del>		
<del></del>			Add Remove
			Addt Remove
<del></del>			Add Remove
D. If amend	ding any other information, en	ter change(s) here: (Attach additional sheets, if nec	essary.)
_			
	No	00.40	
Dated	November 23	2010	
	Signature of	a member or authorized representative of a member	·
		Manuel Rebecchi	
	· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee	

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Filing Fee: \$25.00