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(Re	equestor's Name)	
(Ac	ldress)	-
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(Ci	ty/State/Zip/Phon	e #)
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J. HARRIS

COVER LETTER

Division of Cor	porations		
SUBJECT: (N)	ex Global	Partners, LL	-C
	Name of Lin	nited Liability Company	Control of the Contro
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Fortung &	Rame of Person	
	***************************************	Name of Person	
		Firm/Company	
	2385	NW Executive	e Center Dr. Ste 100
	Boca Retor	City/State and Zip Code Only × global. To be used for future annual report noti)
		City/State and Zip Code	render annotation and deligible from the Property and the contractions and the contraction and the contrac
	tespinoza (6 invxglobal.	Com
Par forth in la formación			ileation)
	oncerning this matter, please c		_
to/funala	Espinoza	at (<u>954)</u> <u>3897</u> Daytim	733
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· · INYX	Global Pa	atners.	LIC		
(Name of	the Limited Liability Compan (A Florida Limited Lia	as it now appears on ou ability Company)	r records.)		
The Articles of Organization for this L -Florida document number	imited Liability Company v	rere filed on { / 5	5/11	and assign	ed
This amendment is submitted to amend					
A. If amending name, enter the new	name of the limited liabil	ty company here:			
The new name must be distinguishable and co		• • •			
Enter new principal offices address,	if applicable:	701 Brick	ell Au	re rue	
(Principal office address MUST BE A	STREET ADDRESS)	701 Brick Suite 19 Miami,	550 FL 3	3/31	
Enter new mailing address, if applic	able:	***************************************			,
(Mailing address MAY BE A POST O	PFFICE BOX)		, ,		
B. If amending the registered ageregistered agent and/or the new registered agent agen	stered office address here:		·		
Name of New Registered Age	2285 Ala	ata Espin) Executive	Courter	Dr. ste	
* New Registered Office Addre	ess: 2703 W	Enter Florida stre	et address		
	Boca Ret	67 4 City	Florida	23431	
		Ciţy		Zip Code	
New Registered Agent's Signature, if cl	nanging Registered Agent:				
7.7 7				. 1	41. 11.

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 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.

Fullite W. Egyes

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 Title Name **Type of Action** Fortunata Espinoza 9907 three lakes Circle Add BOCA Raton, FL 33498 Remove □ Change Pablo Cardozo Formata Espinoza 2385 NW Executive Conta Drive Boen Raton, FC 33431 _□ Add □ Remove _□ Add ☐ Remove ☐ Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessar	v.)	
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-		W-Who	_
Note: docum	tve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date ent's effective date on the Department of State's records.	will not be	listed as th
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the ea	mer or:
Dated	(Tune 19 2015		
Dated	Furter W. Epier	0 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	5
	Signature of a member or authorized representative A a member	75 4	
	Fortunata Espiroza		
	Typed or printed name of signee	7.77	TRE
	Page 3 of 3		:- 8

Filing Fee: \$25.00