

L11000010965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

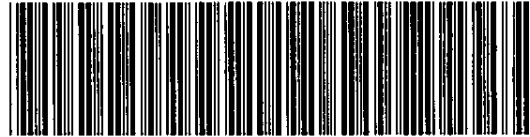
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 09 2015

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GLOBE TRADE INTERNATIONAL, 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:

ALESSANDRE J APARICIO

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

10800 NW 21ST, Unit # 190

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33172

\_\_\_\_\_  
City/State and Zip Code

alex@globetradeinternational.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALESSANDRE J APARICIO

786 241-3048  
at ( )

\_\_\_\_\_  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GLOBE TRADE INTERNATIONAL, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/26/2011 and assigned  
Florida document number L11000010565.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

10800 NW 21ST, Unit # 190, MIAMI FL 33172

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

10800 NW 21ST, Unit # 190, MIAMI FL 33172

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ALESSANDRE J APARICIO

New Registered Office Address:

10800 NW 21ST, Unit # 190

*Enter Florida street address*

MIAMI

*City*

, Florida 33172

*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 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.*

**If Changing Registered Agent, Signature of New Registered Agent**

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TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	APARICIO ALESSANDRE J	10421 NW 28th Street D 101	<input type="checkbox"/> Add
		DORAL FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ALESSANDRE J APARICIO	10800 NW 21ST, Unit # 190	<input checked="" type="checkbox"/> Add
		MIAMI FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER, 05

2015

Signature of a member or authorized representative of a member

ALESSANDRE J APARICIO

Typed or printed name of signee

**Filing Fee: \$25.00**

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TALLAHASSEE, FLORIDA

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