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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

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J. BRYAN

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EMPIRE CORP KIT

COVER LETTER

Division of Co				
SUBJECT:	GLOBAL BUSI	NESS HOLDING LLC		
		ted Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sui	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
	D.	AVID L WRUBEL CPA		
		Name of Person		
	DA\	/ID L WRUBEL CPA PA		æn →
	Firm/Company			管三九
1130 WASHINGTON AVE, 5TH FLOOR			OR .	FILE AN S. 38 ECRETARY OF STATE LLAHASSEE, FLORIF
		Address		SER T
	MIAMI BEACH, FL 33139			E C
	City/State and Zip Code			SE SE
E-mail address: ((to be used for luture annual report notification)		
For further information	concerning this matter, please of	•	,	
DA	VID WRUBEL	at (305) 6	57 2 -4272	
Name	of Person	Area Code & Daysine		
Enclosed is a check for	the following amount:			
▼ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		of Status &
	LING ADDRESS:	STREET/COURIE Registration Section	· — · ·	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FI. 32301

H 11000197041

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOB	<u>AL BUSINESS H</u>	<u>IOLDING L</u>	rc	
(Name of the Limite	d Liability Company as A Florida Limited Liabilit	it now appears or y Company)	OR OUT TECORDS.	
The Articles of Organization for this Limited L	iability Company were	filed on A	PRIL 6, 2011	and assigned
) ##00004			<u> </u>	
Florida document numberL1100004				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability c	ompany here:		
The new name must be distinguishable and end w	ith the words "Limited Li	ability Company	," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	rable:		Ē	海兰和
(Principal office address MUST BE A STRE				22 2
Trucqui office autres 2003 DONOS ELE	<u>LI ADDRESO;</u>			記して
				100 m
				ma 至 一
Enter new mailing address, if applicable:			·	- 19 of - 19
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			0 3 -
B. It amending the registered agent and registered agent and/or the new registered of	office address here:		r records, <u>enter t</u> i	e name of the new
Name of New Registered Agent:	ADAMILÇA VILLAMIZAR			
New Registered Office Address:	1111 LINCOLN ROAD, 4TH FLOOR			
	Enter Florida street address			
	MIAMI	BEACH	, Fiorida	33139
	Cit			ZIp Code
New Registered Agent's Signature, if changing	Registered Agent:			-
I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as regions filed to merely reflect a change in the company has been notified in writing of this	proper and complete pristered agent as proving registered office additions of the change.	performance of ded for in Chaj egs, I hereby co perfect Agent, Regulered Agent,	my duties, and I a pter 608, F.S. Or, i	m familiar with and if this document is ited liability
•	Page 1 of 2			

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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 = Ma MGRM ≈ I	unager Managing Member		
Titie	Name	Address	Type of Action
MGRM	ROGER ALFREDO QUARANTA VILI	LAMIZAR 1111 LINCOLN BOAD, 4TH FLOOR MIAMI BEACH, FL 33139	Add Remove
<u>MGRM</u>	ADAMILCA VILLAMIZAR	1111 LINCOLN ROAD, 4TH FLOOR MIAMI REACH, FL 33139	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If smee	ading any other information, exter chap	ge(s) bere: (Attach additional sheets, if necessary,	
 		A	FILE 11 AUG -4 AM SEBRETARY OF
Dated	(2)		STATE
	ROGER ALFRE	er or authorized representative of a member EDO QUARANTA VILLAMIZAR For printed name of signee	
	**	Page 2 of 2	

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