

L11000068392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

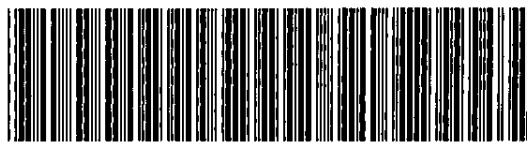
Special Instructions to Filing Officer:

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JAN 31 2011

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2012 JAN 30 PM 3:52

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Globalclear Americas 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:

Todd Marolt

Name of Person

c/o Michael Naughton, Attorney at Law

Firm/Company

12058 San Jose Blvd. Suite #602

Address

Jacksonville, FL 32223

City/State and Zip Code

tmarolt@globalclear.us

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

For further information concerning this matter, please call:

Todd Marolt

Name of Person

at (904)

534-2169

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

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2012 JAN 30 PM 3:52
STATE
TALLAHASSEE, FLORIDA
FLORIDA
Department
of STATE

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

Globalclear Americas 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 06/13/2011 and assigned
Florida document number L11000068392

This amendment is submitted to amend the following:

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

New Registered Office Address:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Enter Florida street address

XXXXXXXXXXXXXXXXXXXX*

Florida

City

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 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 or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	James Summons	6439 Ruxton Drive Elkridge, MD 21075	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	XXXXXXXXXXXXXXXXXXXX		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	XXXXXXXXXXXXXXXXXXXX		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	XXXXXXXXXXXXXXXXXXXX		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	XXXXXXXXXXXXXXXXXXXX		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	XXXXXXXXXXXXXXXXXXXX		<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 CLERK OF DISTRICT COURT
 ALACHUA COUNTY, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

XXXXXXXXXXXXXXXXXXXX


XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

Dated January 13th, 2012



 Signature of a member or authorized representative of a member
 Todd Marolt

 Typed or printed name of signee