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B. BOSTICK JAN 1 7 2012 EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpora			
SUBJ	ЕСТ:	Mame of Limited Liability Company	<u>-</u>	
The en	nclosed Articles of Ame	ndment and fee(s) are submitted for filing.		
Please	return all corresponder	ace concerning this matter to the following:		
	-	Agron Aqueron Name of Person		
		M JA Golobal Management	<u>1</u> ±	
		1868 Spoderling dr		
		Clermont F1 3471 City/State and Zip Code	<u>L</u>	
	_	E-mail address: (to be used for future annual report notification)	_	
For fu	rther information conce	rning this matter, please call:	72.0	,
	Aaron Ao Name of Per	tu 1000 at (321) U (3-730 6) Area Code & Daytime Telephone Nu	ımber	100
Enclos	sed is a check for the fo	lowing amount:	20176 20176 20176	•
S \$25	5.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status Certified Copy is enclosed) Certificate of Status	O Filing Fee, ificate of Status & ified Copy litional 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

M & A GlobAl	MANAGEMENT CLC			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) lited Liability Company)			
The Articles of Organization for this Limited Liability Com Florida document number <u>L 10000 73 4</u> 9	npany were filed on 7 27 2011 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limiter	d liability company here:			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	111 east WAShington Street SSI Suite 2022 Orlando F132801			
(Principal office address MUST BE A STREET ADDRESS) Suite 2022 ONANDO F132801				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registere registered agent and/or the new registered office addres	red office address on our records, enter the name of the new			
Name of New Registered Agent:	MARK Goolsby 5 15 east Washington Street suite 2022			
New Registered Office Address:	east WAShington Street Suite 2022 Enter Florida street address			
	() Ando , Florida F 3280 Zip Code			
New Registered Agent's Signature, if changing Registered A				

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>	Name	Address	Type of Action				
MGR	Agron Aqueron	1868SAnderlingdr Clermon + F1 34711	Add B Remove 				
MGR	MARK Grootsby	III last Washington Street suite 2022 Orlando Fi 32801	Add Remove				
<u>MGRM</u>	Aaron Aqueron	1868 SAnderling dr Clermont Fl 347/1	Add Remove				
			Add Remove				
			Add Remove				
	, 		Add Remove				
D. If ame	ending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)					
- -							
-							
Dated	12/30/11		R 32 32 32 32 32 32 32 32 32 32 32 32 32				
	, , , , , , , , , , , , , , , , , , ,	or or authorized representative of a member Of a member Of a member Of signee					

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