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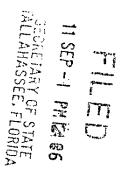
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D. BRUCE

SEP 0 2 2011

EXAMINER

COVER LETTER

Division of Corporation	ins				
SUBJECT: 5A1	4COIL G	FLOBAL, LC. ted Liability Company			
		, and the same			
The enclosed Articles of Amend	ment and fee(s) are sub	mitted for filing.			
Please return all correspondence	concerning this matter	to the following:		,	
	Many	Lou Rodon, Es	g		
_	Mar	y Los Rodon P. Firm/Company	PA		
_	2772	Ponce de Leon G	3/W., P.	H	
_	Cons	Ponce de Lean E Address a / Gables FL City/State and Zip Code	33134	11 SEP	~į
	mradon f E-mail address (1)	SRALaw, Com o be used for future annual report notifica	ation)	m-< - [- 7
For further information concerni				PH IN CO.	;
Mary Low	Paday	at (<u>305) 445 - 8</u> Area Code & Daytime 1	i e & 1 ·	D	
Name of Person	CUCER	Area Code & Daytime	l'elephone Number		
Enclosed is a check for the follo	wing amount:				
	0.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS:

Registration Section

TO:

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

SAHCOIL GLOBAL, LLC	C		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on o iability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL11000095059	were filed on <u>Augus</u>	t 16, 2011 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Not applicable	9		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," th	ne designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	not a	pplicable 5	
(Principal office address MUST BE A STREET ADDRESS)		芸術です	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Not a	pplicable 6	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		cords, enter the name of the new	
Name of New Registered Agent:	not applicab	1e	
New Registered Office Address:			
	Enter Florida street address		
		, 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.

not applicable

Us 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 Title **Type of Action** Name **Address** MGRM Rodrigo Villamizar 999 Brickell Bay Dr. Miami, Florida 33131 Remove ☐ Add ☐ Remove ☐ Add Remove □ Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) not applicable August 30 Dated __ Signature of a member of authorized representative of a member Mary Lou Rodon, Esq. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00