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**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

GLOBAL MANAGEMENT USA, 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:

ARTURO J VILORIA

Name of Person

GLOBAL MANAGEMENT USA, LLC

Firm/Company

3251 MURRAY HILL LOOP

Address

KISSIMMEE / FL 34758

City/State and Zip Code

globalm.usa@cfl.rr.com

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

For further information concerning this matter, please call:

ARTURO J VILORIA

<sub>...</sub>407 \**780447**5

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

## GLOBAL MANAGEMENT USA, 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 Liabili	ity Company were filed on AL	JGUST 29, 2011 a	nd assigne	d
Florida document number L11000098706	<u></u> .			
This amendment is submitted to amend the followin	g:			
A. If amending name, enter the new name of the	limited liability company her	<u>re</u> :		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation "LLC" o		viation
Enter new principal offices address, if applicable	:	# G □ C > 20	## 	are.
(Principal office address MUST BE A STREET A	·	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	<u> </u>	— ; . •• •• • • • •
		<u>m</u> -K 		***
Enter new mailing address, if applicable:		**************************************	4-	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	April 1	<b>4</b> .2	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the na	me of th	e new
Name of New Registered Agent:				
New Registered Office Address:	Er	nter Florida street address		
_	<u> </u>	, Florida	<del></del>	
New Registered Agent's Signature, if changing Regis	City stered Agent:	Zip	o Code	

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

Title MGR	Name MAZCIEL E LUIS	Address 1 3251 MURRAY HILL LOOP KISSIMMEE, FL 34758	Add Remove
			Add
		7) ca 7) ca	Add Remove
			Add  Remove
			Add Remove
			Add Remove

If amending any other information, e	enter change(s) here:	(Attach additional sheets	i, if necessary.)
•	•		_
			====
NOVEMBER 30	2012	111 10	0
		Allawille	le
Signature	of a member or authoriz	ed representative of a mem	ber
ARTURO VILORIA			
	Typed or printed r	name of signee	

Page 3 of 3

Filing Fee: \$25.00