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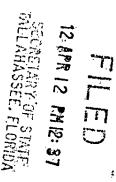
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D. BRUCE

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EXAMINER

COVER LETTER

TO:	Registration S Division of Co						
SUBJ	ECT:	E Glob	oal Export, LLC.				
0020			nited Liability Company				
The er	nclosed Articles of	f Amendment and fee(s) are su	ubmitted for filing.				
Please	return all corresp	ondence concerning this matte	er to the following:				
	Osvaldo Gomez Name of Person						
			E Global Export, LLC.				
			Firm/Company		Sien		•
6201 SW 56 Court Address			2	emine .			
		<u> </u>	APR I	1 1			
	Davie, FL. 33314			- 85E 1338	2		
	City/State and Zip Code				—: OF	州尼: 8	
	i	0	zzie@eglobalexport.us	the state of the	STATE LORIE/	600	
For fu	ther information	E-mail address: concerning this matter, please	(to be used for future annual report call:	notification)	©m ≯	-1	
	Os	valdo Gomez	at (305)	753-8888	•		
	Name o	of Person		ytime Telephone Num	ber	<u></u>	
Enclos	ed is a check for t	he following amount:					
₹ 25	5.00 Filing Fee	[\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certif	Filing Fe icate of S ied Copy ional cop	status d	
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COI Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations ig 11.74 e Center Circle	:		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E Global Exp	port, LLC.		·	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appear ability Company)	rs on our records.)		
ne Articles of Organization for this Limited Liability Company v	were filed on	11/02/2011	and assigned	
orida document numberL11000124869				
is amendment is submitted to amend the following:				
If amending name, enter the new name of the limited liabil	lity company her	<u>e</u> :		
e new name must be distinguishable and end with the words "Limite	ed Liability Compa	uny " the designation "I	I C" or the abbrevi	
L.C."	d Liability Compa	ary, the designation is		
ter new principal offices address, if applicable:		37	ಸ	
rincipal office address MUST BE A STREET ADDRESS)		2		
	<u>,</u>	ASSE	5 5 F	
		اب ا		
ter new mailing address, if applicable:		. FLORIE		
ailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·		를 69 - 크	
			· · · · · · · · · · · · · · · · · · ·	
If amending the registered agent and/or registered offi-	ce address on o	our records, enter tl	he name of the	
istered agent and/or the new registered office address here:	:	,		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Citv	, Florida	Zip Code	
	Cuy		zip Coae	

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 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** <u>Name</u> **Address Type of Action MGRM** Gonzalez, Michael 13530 SW 20th Street . ☐ Add Miramar, FL 33027 ✓ Remove ☐ Add ☐ Remove _ Remove Remove Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 4th 2012 Signature of a member or authorized representative of a member OSVALDE GOMEZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00