

L11000129416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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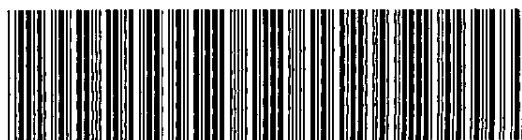
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 DEC -2 AM 9:00

FILED

J. SAULSBERRY
EXAMINER

DEC 2 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOBILITY PAYMENT SOLUTIONS 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:

DOMINIC GUARDINO

Name of Person

GLOBILITY PAYMENT SOLUTIONS LLC

Firm/Company

3095 NE 190TH STREET, SUITE 103

Address

AVENTURA, FLORIDA 33180

City/State and Zip Code

dguardino@globilitypaymentsolutions.com

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

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2011 DEC -2 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DOMINIC GUARDINO

Name of Person

at (561)

310 - 1988

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**

GLOBILITY PAYMENT SOLUTIONS 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 11/14/2011 and assigned
Florida document number L11000129416.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2011 DEC -2 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Milagros Ferreira

New Registered Office Address:

3095 NE 190TH STREET, SUITE 103

Enter Florida street address

AVENTURA

Florida

33180

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.

Milagros Ferreira

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>
MGRM	CHAU V. GUARDINO	7409 BRIELLA DRIVE BOYNTON BEACH, FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MILAGROS FERREIRA	8520 SW 133TH AVE ROAD UNIT 418 MIAMI, FL 33183	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated NOVEMBER 18, 2011

Milagros Ferreira
Signature of a member or authorized representative of a member

MILAGROS FERREIRA

Typed or printed name of signee

FILED
2011 DEC -2 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA