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(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone	= #)
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(Doci	ument Number)	
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SECRETARY OF STATE

08/26/13--01023--025 **25.00

SEP 0 4 2013 J. BUTLER

COVER LETTER

TO»	Registration Sec Division of Corp		· v	
SUBJE	CT:		BAL LLC ited Liability Combany	
		Name of Lim	ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please r	eturn all correspo	ndence concerning this matte	r to the following:	
		SYED	AHMAD Name of Person	
		W#A	GLOBAL LLC	•
		125	55 Orange Din	ne ste 402B
		DAVI	E FL 33330 City/State and Zip Code	B TALLAHASSEE, FLORIDA 402 AUG 26 PH 3: 01
			•	SEE
For furt	her information co	E-mail address: oncerning this matter, please	(to be used for future annual report notificati	on) 3: 01
	SYED Name of	CAMHA	at (<u>9</u> 3 <u>8</u> 9	1963
Enclose	ed is a check for the	ne 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)
(Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AHW	GLOBAL	, LLC	· ·
(<u>Name of the Limited Li</u> (A Fl	orida Limited Liability Co	w appears on our records mpany)	<u></u>)
The Articles of Organization for this Limited Liabs Florida document number		10n 12 8 11	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability comp	oany here:	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liabilit	y Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:		62 GAHA
(Principal office address MUST BE A STREET	(DDRESS)		SSE SSE
			本 デッタの
Enter new mailing address, if applicable:			STATE CORIDA 3: 01
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic		ess on our records, <u>er</u>	nter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida stree	et address
		, Florid	
	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.

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 <u>Name</u> **Address Type of Action** RICHARD WONG 4039 LANSING AVE [MGR COOPER CITY PL 3302 Remove Remove

Add

Remove

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
_	
– Dated	8/10 2013 /
Dateu	,
	Solf
	Signature of a member or authorized representative of a member
	-SYED-AHMAD
	Typed or printed name of signee

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Filing Fee: \$25.00

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