## L/200003519

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EXAMINER



900239772359



## **COVER LETTER**

Division of Corporations  SUBJECT: GIOBAL SOLUTIONS AND ACQUISITIONS MANAGEMENT L	U
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:	
KEUIN ZINN Name of Person	
GLOBAL SOLUTION' AND ACQUISITIONS MANAGEMENT LL	<b>.</b> C.
Firm/Company	
800 & BROWARD BIND SUITE 608	
Address	
Address  FT, Laudeloale FL 33301  City/State and Zip Code	
City/State and ZiD Code 22, 17	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	
Ord N	
<u>KEVIN ZINN</u> at (56), 862-9299	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\frac{1}{2}\$} \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\frac{1}{2}\$} \$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

( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our recorted Liability Company)	<u>ds.</u> )	
The Articles of Organization for this Limited Liability Comp.	• • •		
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 "L.L.C."	Limited Liability Company," the designation	ation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	ASS	
		T B FE	
Enter new mailing address, if applicable:		21 P	
(Mailing address MAY BE A POST OFFICE BOX)		70	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the new	
Name of New Registered Agent:		- <del></del>	
New Registered Office Address:			
	Enter Florida stro	eet 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.

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> **Name Address** Type of Action BALBIREA PITA ROAD SUITE 204 MADE WILE ☐ Add Remove Add 🔲 Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member of authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00