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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Global Reception and tour 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:
Eliani Maria Daco Sta Casali Name of Person
Global Reception and four Hc Firm/Company
235 Alston DV Address
Orlando SU 32835 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jeremias Antonio Berigo at (407) 470 5186  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} &

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

	OF	FILED	
Name of the Limited Liability Com (A Florida Limited	Hum and tour LL ( pany as it now appears on our records.) d Liability Company)	12 MAR 12 PM 2 SECRETARY OF ST TALLAHASSEEVELO	
The Articles of Organization for this Limited Liability Compa		and assigned	
Florida document number <u>L 1200003306</u>	) (		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company," the designation "L	LC" or the abbreviation	
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)			
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		he name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addr	2056	
	, Florida	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
MGRM	Edvardo cagali	235 Alston W evlando fl 32835	Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	FILED 12 MAR 12 PM 2: 27
Dated	Simulation	authorized representative of a member	
		nrinted name of signee	

Page 2 of 2

Filing Fee: \$25.00