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COVER LETTER

TO: Registration Section > Division of Corporations
SUBJECT: GLOBALLINK ENGINERING LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
JOSEPH M. KUSWIR Name of Person
GWBALLINK ENGINERING, UC Firm/Company
171 Muchan PL Address
Tuping FL 33458 (City/State and Zip Code [Lusnic Pine Lom [Lusn
For further information concerning this matter, please call:
TOFPH KUSNIR at (561) 317-6547 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{Certified Copy} \\ \text{(additional copy is enclosed)} \ \text{(additional copy is enclosed)} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ (additional copy is en

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

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PECORES OF STATE ORIDA

CHOBALUNK E	NGINETORIA	16, LIC	ASSEC STA
(Name of the Limited L (A F	<u>iability Company</u> Iorida Limited Lia	as It now appears on or bility Company)	or records.) ASSEC F STATE ORIDA
The Articles of Organization for this Limited Liab		vere filed on	
Florida document number L12000605	194		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	<u>he limited liabili</u>	ty company here:	
The new name must be distinguishable and end with	<u> ಶರ್ವುಗಣಕ್ಕ</u>	uc	
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:	NA	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>0X)</u>	N/A	
B. If amending the registered agent and/or registered agent and/or the new registered office	ce address here:		cords, enter the name of the new
Name of New Registered Agent:	NA		
New Registered Office Address:		ורק , רק	**
		Enter Flo	rida street address
			, Florida Zip Code
		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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Address</u> **Type of Action** <u>Name</u> NA Remove Remove Remove Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
SERVICES OFFERED TO INCLUDE.			
DRAFFING, CAD CONVERTION, ENGINEERING,			
ENGINEERING COLLABORATION AND ENGINEERING			
BULINER MORZ			
Dated November 18 2013.			
Signature of a member or authorized representative of a member			
JOSEPH KUSNIR JR.			
Typed or printed name of signee			
Page 3 of 3			
Filing Fee: \$25.00			

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