

L12000083507

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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12 AUG - 6 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
AUG - 7 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Global Intrinsic Dynamics 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:

WAQAR HABIB

Name of Person

Global Intrinsic Dynamics LLC

Firm/Company

231 E Foulke Avenue

Address

FINDLAY - OH 45840.

City/State and Zip Code

waqar.habib@yahoo.com

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

For further information concerning this matter, please call:

WAQAR HABIB

Name of Person

at (517) 755 8855

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

FILED

12 AUG -6 PM 1:42

Global Intrinsic Dynamics LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 06/25/12 and assigned
Florida document number L12000083507.

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)

702 US North

Avon Park FL 33825

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

702 US North

Avon Park FL 33825

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:

WIAQAR HABIB

New Registered Office Address:

702 US North

Enter Florida street address

Avon Park

Florida

33825

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.

Wiaqar

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>
MGR	Erica Habib	998 US HIGH HWAY NORTH - AVON PARK FL 33825	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	INAGAR Habib	702 US North Avon Park FL 33825	<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 July 14th, 2012

INAGAR

Signature of a member or authorized representative of a member

INAGAR HABIB

Typed or printed name of signee

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12 AUG - 6 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA