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(Re	equestor's Name)	
(Ac	ldress)	
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(Cil	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF SIME

K. SALY EXAMINER

JUN 1 9 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SURIECT:

T-GLOBAL SUPPLY 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:

Bibiana Cortes

Name of Person

T-Global Supply LLC

Firm/Company

1001 Brickell Bay Dr 27th floor

Address

Miami Florida 33131

City/State and Zip Code

B.Cortes@tglobalsupply.com

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

For further information concerning this matter, please call:

Bibiana Cortes

Name of Person

786,4869299

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



T-GLOBAL SUPPLY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of O	rganization for	his Limited L	iability Company	were filed on Octob	per 15th 2012	and assigned
Florida document	number 11200	0130910	·			
This amendment	is submitted to a	unend the fol	lowing:			
A. If amending	name, <u>enter the</u>	e new name (of the limited liab	ility company here:		
N/A	N/A	N/A				
The new name must	be distinguishable	and end with the	words "Limited Liah	ility Company," the desig	nation "LLC" or the ab	oreviation "L.L.C."
Enter new princ	ipal offices add	ress, if appli	cable:			
(Principal office address MUST BE A STREET ADDRESS)		N/A				
Enter new mailing address, if applicable:			N/A			
(Mailing address	MAY BE A PO	ST OFFICE	BOX)			
registered agent		registered o	/or registered of ffice address her		r records, <u>enter t</u>	he name of the new
New Re	gistered Office	Address:	1001 BRIC	KELL BAY DR 2	7TH FLOOR	
				Enter Florida si		
			MIAMI		, Florida <u>33</u> 1	31
				City		Zip Code
New Registered A	gent's Signature	e, if changing	Registered Agent:			
provisions of all accept the obliga	statutes relativations of my po rely reflect a c	e to the prop sition as reg hange in the	per and complete istered agent as p registered office	ee to act in this capa performance of my o provided for in Chap address, I hereby co	duties, and I am fa ster 605, F.S. Or, ij	^r this document is
			If Char	nging Registered Agent,	Signature of New Regi	stered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member Type of Action <u>Title</u> **Name** <u>Address</u> **BIBIANA CORTES** 3613 SW 17 STREET MGR ■ Add **MIAMI FL 33131** ☐ Remove __□ Remove □ Remove _□ Remove

	TICLE III: the purpose for which this Limited Liability Company is organized is:
Any	and all lawful business related to electrical or mechanical supplies but not
limi	ted, for oil, gas, petrochemical, marine and all kind of industrial areas.
Effective	Joto if other than the date of filing.
(The effective	late, if other than the date of filing:
Dated 10	Oth June 2014
	Vyjedi –
	Signature of a member or authorized representative of a member Fernando Fierro
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00