

Division of Corporations

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H12000154884

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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(((H13000243064 3)))



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To:

Division of Corporations  
 Fax Number : (850) 617-6383

From:

Account Name : FOX ROTHSCHILD LLP  
 Account Number : I20130000024  
 Phone : (215) 299-2162  
 Fax Number : (215) 299-2150

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: vlagana@foxrothschild.com

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 TERMINUS GLOBAL LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**TERMINUS GLOBAL LLC**

(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 12/12/2012 and assigned Florida document number L12000154884.

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)**

5042 Wilshire Blvd #15094

Los Angeles, CA 90036

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

5042 Wilshire Blvd #15094

Los Angeles, CA 90036

**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:** \_\_\_\_\_

**New Registered Office Address:** \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_

*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**

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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>  |
|--------------|------------------|---|--|
| MGRM         | CLAUDIO MOLLO    | C/O 283 CATALONIA AVENUE<br>SUITE 100<br>CORAL GABLES, FL 33134 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | CLARICE C. FLOSS | C/O 283 CATALONIA AVENUE<br>SUITE 100<br>CORAL GABLES, FL 33134 | <input checked="" type="checkbox"/> Add<br><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  |

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated OCTOBER 31, 2013

Signature of a member or authorized representative of a member

*CLAYTON MOLLO*

Typed or printed name of signee

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Filing Fee: \$25.00

11/01/13 - AMENDMENT  
FILER: CLAYTON MOLLO

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