# 113000043682

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ALLAHASSEE FIRE

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# COVER LETTER

TO:

**Registration Section** Division of Corporations

# Global Business Networks, 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:

## Adriana Suarez

Name of Person

## Global Business Networks, LLC

### 1321 SW 124 CT Unit A

Address

Miami FL 33184

City/State and Zip Code

a\_suarezz@hotmail.com

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

For further information concerning this matter, please call:

## Adriana Suarez

at (<u>786</u>) <u>518 8082</u>

Daytime Telephone Number

Name of Person

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

Global Business Networks			
( <u>Name of the Limited</u> (A	Liability Compa Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Li	ability Company	were filed on 03/22/2013	and assigned
Florida document number L13000043682	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
N/A			
The new name must be distinguishable and end with L.L.C."	h the words "Lin	nited Liability Company," the des	gnation "LLC" or the abbreviati
Enter new principal offices address, if applica	able:	N/A	°n —
(Principal office address MUST BE A STREE	T ADDRESS)		14 ALL
			AZZ S
			ASA
Enter new mailing address, if applicable:		N/A	SEE
(Mailing address MAY BE A POST OFFICE I	BOX)		Frs z
	<u>-</u>		ORAIN IS
			G) IV.G
B. If amending the registered agent and/	or registered o	ffice address on our records	s, enter the name of the ne
registered agent and/or the new registered of	fice address her	<u>'e</u> :	
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
<del>-</del>		Enter Florida s	treet address
		. Flo	orida
		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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> **Name** Address **Type of Action** 1321 SW 124CT Unit A Adriana Suarez **AMBR** Miami FL 33184 Glen M. Spicer 12962 SW 29CT MGR Miramar FL 33029 Remove Remove Remove

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E. Effective date, if other than the (If an effective date is listed, the date	date of filing: (optional) must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b
E. Effective date, if other than the (If an effective date is listed, the date  Dated January 09	date of filing:(optional) must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b
(If an effective date is listed, the date	must be specific and cannot be more than 90 days after filing.) (605,0207 (3)(b

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE