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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Guilgan SEP 30 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Global Disability Inclusion, 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:

Meg O'Connell
Name of Person

Global Disability Inclusion, LLC
Firm/Company

10 Versaggi Drive, Suite 100
Address

St. Augustine, FL 32080
City/State and Zip Code

meg@globaldisabilityinclusion.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meg O'Connell at (704) 840-6174
Name of Person 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

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

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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

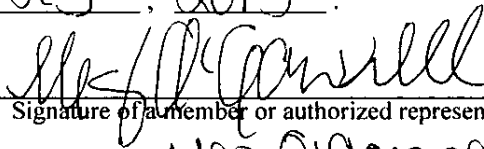
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Andy Traub	21032 West 231st Terrace	<input type="checkbox"/> Add
		Spring Hill, KS 66083	<input checked="" type="checkbox"/> Remove
MGR	Deb Russell	5353 Suffield Ct.	<input checked="" type="checkbox"/> Add
		Skokie, IL 60077	<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

September 23, 2013



Signature of a member or authorized representative of a member

Mary O'Connell

Typed or printed name of signee

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Filing Fee: \$25.00

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