L130000 18605

(Re	questor's Name)	•
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
·		
Certified Copies	Certificates	s of Status
•	_	
Special Instructions to	Filing Officer:	

Office Use Only



600249824436

09/27/13--01037--003 **30.00 -

FILEU
SECRITAGE OF STATE
SECRITAGE OF STATE

COVER LETTER

TO:	Registration Sect Division of Corpo		Fag.	
SUBJE	ст: <u>Glob</u> (Name of Limite	Inclusion, LLC Il Liability Company	<u>, </u>
The enc	losed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please re	eturn all correspond	dence concerning this matter to	o the following:	
		Med	O'Connell Name of Person	
		Globay	Disability Inclu	Bion, UC
		10 Versaa	Style 5mtl Address	100
		5t. Augustin St. A	OCALO GABILITADO DE USED FOR FUNDA DE USED FOR FUTURE ANNUAL REPORT NOTIFICADO	Jusion Com
For furtl	ner information con	cerning this matter, please ca	II:	
	Name of P	anell .	at (704) S410 - Q1 Area Code & Daytime Tel	14 Jephone Number
Enclose	d is a check for the	following amount:		
\$25.0	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:

1 60 to 34

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 2013 SEP 27 AM 11: 56

Global Disabilitulad	usion, LLC	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our recor ability Company)	rds.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L13000751205</u>	were filed on Sunch	20)3 and assigned
(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 Supplied to Supplie and assigned or did document number 130000750005 The Articles of Organization for this Limited Liability Company were filed on Supplied to Supplie and assigned or did document number 130000750005 The Articles of Organization for this Limited Liability Company were filed on Supplied to Supplie and assigned or did document number 130000750005 The Articles of Organization for this Limited Liability Company were filed on Supplied to Supplie and assigned or did document number 130000750005 The Articles of Organization for this Limited Liability Company were filed on Supplied to Supplied the supplied to Supplied Liability Company here: The Articles of Organization for this Limited Liability Company were filed on Supplied to Supplied Liability Company were filed on Supplied to Supplied Liability Company were filed on Supplied Liability Comp		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		.
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter-Florida str	reet address
	, Floi	rida
	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

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 Title Name **Address Type of Action** 21032 West 2315T TEMPORE Add MGR Andy Traub Deb Russell 5353 Suffield CH. Add MBR 5kokie, 12 60077 Add Remove Remove Remove Remove

ě.		
•		
		
·		
<u> </u>	() () ()	
_September	UX = 3, 2013 .	
1	Sta / M. Commille	
	Signature of a member or authorized representative of a member	
	Manager All	
	$NAP(X \mid Y \mid X) P P P X Y$	

Page 3 of 3

Filing Fee: \$25.00

FILED

MIN SEP 27 AN II: 56

SEURETARK OF STATE
ORIDA