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SECRETARY OF CATA

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EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

GLOBAL CLUMP 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:

CARLOS FIGUEIRA

Name of Person

CLFC AND ASSOCIATES LLC

Firm/Company

8333 NW 53 STREET SUITE 450

Address

DORAL, FL 33166

City/State and Zip Code

INFO@CLFCSOLUTIONS.COM

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

For further information concerning this matter, please call:

GABRIEL HATEM

Name of Person

,786<u>,</u> 252-1830

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

GLOBAL CLUMP LLC		
(<u>Name of the Limited Liabilit</u> (A Flonda	y Company as it now appears on our reco Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Florida document number L13000095628	Company were filed on <u>07/05/2013</u> .	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		SS
(Mailing address MAY BE A POST OFFICE BOX)		HO > 111
		<u>~</u> . 2
B. If amending the registered agent and/or registered agent and/or the new registered office ad		enter the name of the new
repistered agent animor the new registered outre am	mes nate	
Name of New Registered Agent:		
•		
New Registered Office Address:	Enter Florida st	reet address
	Fla	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MAYEDA NASR DE HONEIDI	3130 HIBISCUS STREET	. Add
		MIAMI, FL 33133	_ Remove
			Add
			Remove
			Add
			Remove
		ALL.	
		HASSEE. F. CO.	<u> </u>
			Add Remove

ı am	ending any other information, enter change(s) here (Attach additional sheets, if necessary.)
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-	
d	July 16, 2013.
	ALAND.
	Signature of a member GABRIEL HATEM
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF SIATE