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SECRETARY OF STATE
TALLAHASSEELET

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COVER LETTER

TO:	Registration Se Division of Co			
SHRJI	Grupo Gare	cia LLC		
001001		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Omar Garcia		
		<u> </u>	Name of Person	
		Grupo Garcia LLC		
		-	Firm/Company	
		2813 Executive Park Drive	: Suite 117	
•		Address		
		Weston, FL 33331		
		City/State and Zip Code info@globaliarm.com		
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	concerning this matter, please co	all:	
Ana M	. Marquez		646 209-1696	
	Name o	of Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for the	he following amount:		
■ \$2:	5.00 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

FILED

2018 OCT -4 PM 4: 49

Grupo Garcia LLC	c	Coordinate and America
(Name of the Limited I	jability Company as it now appears on our recor- lorida Limited Liability Company)	TALLAHASSEE. FL
The Articles of Organization for this Limited Liabi	lity Company were filed on July 11th 2013	and assigned
huida document number L13000098783		
his amendment is submitted to amend the following	ng:	
. If amending name, enter the new name of th	e limited liability company here:	
ne new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicabl	e:	
Principal office address MUST BE A STREET A	DDRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
		
i. If amending the registered agent and/or egistered agent and/or the new registered office		s, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ss
-		lorida
	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	:
MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Iriana Garcia	2813 Executive Park Dr. Suite 117 Weston, FL 33331	⊟ Add
			☐ Remove
			☐ Change
			🖸 Add
			□ Remove
			Change
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		☐ Remove	
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an effe <u>ote:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
atēd·	September 27. 2018.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00