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05/20/14--01013--004 **25.00

B. BOSTICK
MAY 2 9 2014
EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp						
SUBJECT: Th	Name of Limi	bal Ventures ted Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	Jayson de Phoenix	Name of Person Global Very Firm/Company	stures L.L.C.			
	3374 Amac	Address	Mark Committee			
	Orlando F.	City/State and Zip Code Coo Coo Coo Coo Coo Coo Coo Coo Coo Coo Coo Coo Coo Coo Coo Coo	<u> </u>			
	<u>Jayson delen</u> E-mail address: (t	o be used for future annual report notifi	cation)			
For further information concerning this matter, please call:						
Jayson de Name of	Person	at (<u>321</u>) <u>228-1</u> Area Code Daytime	†500 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

threnix Globa		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>1140004383</u>	Company were filed on 03 17 2014 and assigned 4.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and end with the words "Lir	mited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADDR	RESS)	_
		_
	20	
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BOX)		
-		_
		_
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, enter the name of the ress here:	nev
Name of New Registered Agent:		
New Registered Office Address:		_
-	Enter Florida street address	
	, Florida	_
	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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

$\mathbf{AMBR} = A$	AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
Pr <u>esident</u>	Jayson de Leon	3374 Amaca ex.	□ Add	
		3374 Amaca er. Orlando F.1. 328.37	A Remove	
		-,, 		
			☐ Remove	
			□ Add	
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		<u></u>		
			□ Add □ Remove	
				
			Add	
			Remove	

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
	_				
	_				
					
	_				
E.	(The effect	ve date, if other than the date of filing: ctive date must be specific, cannot be prior to date of receipt or filed date and this document is filed by the Florida Department of State)	(optional) d cannot be more than 90 days after		
	Dated _	,			

7: C1

Signature of a member or authorized representative of a member

Tourson De Leon

Typed or printed name of signee

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Filing Fee: \$25.00

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