## L140000487So

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
operation is a lining smooth.

Office Use Only



900258174549

900258174549 03/31/14--01051--006 \*\*30.00

> 2014 MAR 31 PH 1: 23 STORETARY OF STATE

APR - 2 2014 T CLINE

## **COVER LETTER**

TO: Registration Section
Division of Corporations

**GLOBAL THREE LLC** 

SUBJECT: 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:

## OSCAR HORACIO ZAPATA

Name of Person

O.Z. ACCOUNTING SVCS

Firm/Company

1680 Sw Bayshore Blvd Suite 113

Address

Port St. Lucie, FL 34984

City/State and Zip Code

ozaccounting7@Hotmail.com

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

For further information concerning this matter, please call:

Oscar Horacio Zapata

,,772 \361-3653

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLUBAL ITREE LLV	_	ny as it now appear	rs on our records.)	<del></del>
(1,100-0,0),511 - 1711-1	ted Liability Compa (A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited L Florida document number L1400004875	iability Company 6	were filed on 03	3/25/14	and assigned
Fiorida document number	<del></del>			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company he	ere:	
The new name must be distinguishable and end with the	words "Limited Liab	oility Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	2770 NE Pinecrest Lakes Blvd			
(Principal office address MUST BE A STREE	Jensen Be	each, FL 34957		
				<b>201</b>
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE		15419	- <del>11/2 - 11</del>	
			•	
B. If amending the registered agent and registered agent and/or the new registered o	/or registered of ffice address ber	ffice address or e:	ı our records, <u>enter</u>	the name of the new
		-		
Name of New Registered Agent:	ANA TROJA			
New Registered Office Address:	2770 NE F	Pinecrest La	ikes Blvd	
New Registered Office Address.		Enter Flor	rida street address	
	Jensen Be	each		4957
		Ciņ <sup>,</sup>		Zip Code
New Degistered Agent's Signature if changing	Denistered Agent.			

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

Page 1 of 3

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 AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	ANA TROJA	2770 NE Pinecrest Lakes Blvd	<b>A</b> dd
		Jensen Beach, FL 34957	🗆 Remove
		Partner with 10%	
MGR	MAURICIO GONZALEZ	2770 NE Pinecrest Lakes Blvd	<b>=</b> Add
		Jensen Beach, FL 34957	Remove
		Partner with 90%	
			ZOLUMNIA MARINA
			Remove
			□ Remove
			Add
			🗆 Remove
			□ Add
			_□ Remove

Please Ch			
The name an	d Fla Street a	address of the registered agent is	
ANA TROJA-	2770 NE Pinec	crest Lakes Blvd Jensen Beach, FL 34957	
		(ontions	<u> </u>
ective date must be spe-	than the date of fili edific, cannot be prior to	date of receipt or filed date and cannot be more than 90 days after	
March 27	d by the Florida Departn	2014	
- IVIAI GIT ZI		<del>_</del> , <del>_</del> _,	
	1	1	
	A	no Juga	
ANA TI	عم	f a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00