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(Re	equestor's Name)	
(Ad	ldress)	
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K.SALY EXAMINER SEP 3 0 2015

COVER LETTER

	egistration Se vision of Cor			
SUBJECT	GLOBAL	AMERICA LEGEND TRADE	LLC	
SUBJECT		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		FERNANDA SILVA		
			Name of Person	
		A&F FINANCIAL LLC		
			Firm/Company	
		4851 W HILLSBORO BL	VD #A2	
			Address	
		COCONUT CREEK, FL 3	33073	
			City/State and Zip Code	
		AF-FINANCIAL@AF-FIN		
			to be used for future annual report no	tification)
For further	information c	oncerning this matter, please ca	all:	
FERNANI	DA SILVA		954 464-8298 at ()	
	Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is	a check for the	he 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)
	/ Registr Division P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2015 SED	ILED
TALLAHASS	28 PM 3:23 RY OF STATE DEE, FLORIDA

GLOBAL AMERICA LEGEND TRADE LLC

(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 <u>05/15/2015</u> a	nd assigned
Florida document number L14000081714		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:	4851 W HILLSBORO BLVD #A2	
(Principal office address MUST BE A STREET ADDRESS)	COCONUT CREEK, FL 33073	
Enter new mailing address, if applicable:	4851 W HILLSBORO BLVD #A2	
(Mailing address MAY BE A POST OFFICE BOX)	COCONUT CREEK, FL 33073	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City , Florida Zip	Code
New Registered Agent's Signature, if changing Registered Agent:	i.	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familion provided for in Chapter 605, F.S. Or, if this	ar with and s document is
If Cha	nging Registered Agent, <u>Signature of New Registere</u>	d Agent

If amendi	ng Authorized Person(s) authorized to	orized Person(s) authorized to manage, enter the title, name, and address of each person being added		
MGR =			FILED 2015 SEP 28 PM 3: 23	
AMBR =	Authorized Member		2015 SEP 0-	
<u>Title</u>	<u>Name</u>	Address	SECRETARY OF STATE TALLAHASSEE, FLORIDA	Type of Action
			TEAMASSEE, FLORIDA	Add
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fective date, if other than the date must offective date is listed, the date must offer. If the date inserted in this block cument's effective date on the Department.	k does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed as
record specifies a delayed The 90th day after the reco	effective date, but not an effecti d is filed.	ive time, at 12:01 a.m. on the earlier o
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ted		
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	ignature of a member or authorized represen	