

11/19/2014

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000269603 3)))



H140002696033ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP  
 Account Number : 120120000055  
 Phone : (407)898-1757  
 Fax Number : (407)897-5336

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**ING GLOBAL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

14 NOV 20 AM 10:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICESSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 NOV 20 AM 7:40

FILED

T HAMPTON

Electronic Filing Menu

Corporate Filing Menu

Help

H140002696033

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ING GLOBAL 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:

ANDREA PINE

Name of Person

ABK CORP

Firm/Company

3300 S HIAWASSEE RD STE 106

Address

ORLANDO, FL 32835

City/State and Zip Code

OPERATIONS@ABKCORP.COM

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

For further information concerning this matter, please call:

ANDREA PINE

at (407)

898-1757

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

H140002696033

H14000269603 3

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ING GLOBAL 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 09/05/2014

Florida document number L14000138713

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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**

Page 1 of 3

H14000269603 3

FILED  
 14 NOV 20 AM 7:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

H14000269603 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BERGER, ALEXANDRE V		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
AMBR	BERGER, IZANY KAREM		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
AMBR	Vieira Berger, Alexandre	ALAMEDA ITAPECURU 473 APT 74	<input checked="" type="checkbox"/> Add
		BARUERI, SP 06454-080 BR	<input type="checkbox"/> Remove
AMBR	Jales Berger, Izany Karem	ALAMEDA ITAPECURU 473 APT 74	<input checked="" type="checkbox"/> Add
		BARUERI, SP 06454-080 BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
NOV 20 AM 7:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H14000269603 3

H140002696033

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

---

---


---

---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific; cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 19 , 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
ALEXANDRE VIEIRA BERGER  
\_\_\_\_\_  
Typed or printed name of signer

FILED  
14 NOV 20 AM 7:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H1 40002696033