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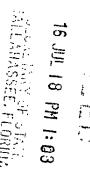
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Oceano Galadeigas Name of Person  Global Bos USA UC
Firm/Company
9578 NW 41 St Address
Address
City/State and Zin Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FLizabeth le lucca at (306) 6993660
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status 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

(Name of the Limited Liab (A Flori	USO LLC.  ility Company as it now appears on oud da Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document number <u>L14000140732</u>	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
amendment is submitted to amend the following:  f amending name, enter the new name of the limited liability company here:  lew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  er new principal offices address, if applicable:  meipal office address MUST BE A STREET ADDRESS)  er new mailing address, if applicable:  liling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new stered agent and/or the new registered office address here:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		records, enter the name of the new
Name of New Registered Agent:	·	
New Registered Office Address:		
-	Enter Florida stree	et 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 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
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n effective date is listed, the date must be specific and cannot be prior to date of force:  If the date inserted in this block does not meet the applicable status cument's effective date on the Department of State's records.	filing or more th tory filing requ	an 90 days after	narj filing.) Pursuar	nt to 605 be liste	.02e
record specifies a delayed effective date, but not an effective	ective time,	at 12:01 a	.m. on the	earlie	er (
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The 90th day after the record is filed.  ated	sentative of a n	nember		-	

Page 3 of 3

Filing Fee: \$25.00