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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

# GLOBAL INVESTMENT CONFERENCES, 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:

## **Evelio Garavito**

Name of Person

## GLOBAL INVESTMENT CONFERENCES, LLC

Firm/Company

## 13255 SW 137th Ave Suite 105

Address

Miami, FL 33186

City/State and Zip Code

evelio.garavito@gmail.com

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

For further information concerning this matter, please call:

## **Evelio Garavito**

Name of Person

786, 287-8259

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

#### GLOBAL INVESTMENTS CONFERENCES 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 09/17/2014  Florida document number L14000145562	_ and assig	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
Global Investment Conferences, LLC		
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbre	eviation "L.I	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	e name o	f the new
registered agent and/or the new registered office address here:	14 OC	the new
Name of New Registered Agent:	<u> </u>	* j
New Registered Office Address:		
Enter Florida street address  Florida  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

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the date of a effective date must be specific, cannot be prior the date this document is filed by the Florida Department.	r to date of receipt or filed date and ca	(optional) nnot be more than 90 days after
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og/23/2014		
09/23/2014		

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Filing Fee: \$25.00

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