## L14000/59911

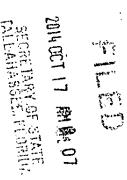
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## **COVER LETTER**

TO: Registration So Division of Con					
SUBJECT:	Clobal Telling Name of Lin	Connx UC  iited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Name of Person			
		Firm/Company		2011	
	P.O.	Box 520564 Address	1	100T	Service Servic
		Address  7. F( 33152  City/State and Zip Code  25 26		BECKETARY OF STATES	12 mg
	concerning this matter, please c	all:			
Vason Name o	lorres of Person	at ( <u>786)</u> <u>277</u> Area Code Daytime	26 72 Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

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 Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>214000159911</u> .	4
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 end with the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	F
(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 o registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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 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:

<u>Title</u>	Name	<u>Address</u>	Type of Action
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		Apt 3120	Remove
		Apt 3120 Mami, FC 33131	<del></del>
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Typed or printed name of signee			
se 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)  ated October 15 , 2014  Signature of aphornber or authorized representative of a member  Tason Tosos  Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·		
e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after e date this document is filed by the Florida Department of State)  ated October 15 , 2014  Signature of adaptive or authorized representative of a member  Tason Tosos  Typed or printed name of signee			
e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after e date this document is filed by the Florida Department of State)  ated October 15 , 2014  Signature of adjustment of authorized representative of a member  Tason Tosos  Typed or printed name of signee			<del></del>
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Signature of a nember or authorized representative of a member  Tason 108 725  Typed or printed name of signee	e effective date must be specific, cannot	be prior to date of receipt or filed date and cannot be me	ore than 90 days after
Signature of appropriate of a member  Toson Tosos  Typed or printed name of signee	a date this document is tiled by the Flori	da Department of State)	
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