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A.SMILERS FEB 1 3 2015

COVER LETTER

TO: Registration Sec Division of Corp	orations	Ŧ	
	lodern Innovations, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
	Amendment and fee(s) are sub-		
	Layth Faraj		
		Name of Person	,
	Global Modern Innov	vations, LLC	
		Firm/Company	
	18138 Regents Squa	are Drive	
		Address	
	Tampa, FL 33647		
		City/State and Zip Code	
	LFARAJ.GMI@GMAI	IL.COM to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
Layth Faraj		813 748-8689	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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 Modern Innovations, L		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L14000179665	ility Company were filed on 11/19/2014	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, <u>enter the new name of th</u>	ne limited liability company here:	
he new name must be distinguishable and end with the wor	rds "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
Principal office address MUST BE A STREET 2	ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO 3. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, ente	r the name of the ne
Name of New Registered Agent:		元
New Registered Office Address:		WAY OF VI
	Enter Florida street address	
	, Florida _	Zip Care
	Ç.11,1	= *** ~ ***

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.

New Registered Agent's Signature, if changing Registered Agent:

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 = Manager

AMBR = Authorized Member				
<u>Name</u>	Address	Type of Action		
Erik Estrada	2206 E 132ND AVE APT #908			
	Tampa, FL 33612	Remove		
		5		
		Remove		
		□ Remove		
		□ Add		
		Remove Remove Remove Remove Adaptive Adaptive Remove		
		A A A A A A A A A A A A A A A A A A A		
		Remove		
	<u>Name</u>	Name Erik Estrada 2206 E 132ND AVE APT #908 Tampa, FL 33612		

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: (The effective date must be specific, cannot be prior to date of receipt the date this document is filed by the Florida Department of State)	or filed date and cannot be more than 90 days after
Dated,	·
5/9	
Signature of a member of	ntthorized representative of a member
L	ayth Faraj
Tuned or r	rinted name of sinner

Page 3 of 3

Filing Fee: \$25.00

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