*L14000181085

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K SALY EXAMINER MAY 27 2015

COVER LETTER

TO: Registration Division of C			
GLOBA	L LOGISTIC CONNECTIONS, L	LC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are subm	nitted for filing.	
Please return all corres	spondence concerning this matter to	o the following:	
	RENATO CAUCHIOLI		
		Name of Person	
	GLOBAL LOGISTIC CON	INECTIONS, LLC	
		Firm/Company	
	15807 BISCAYNE BLVD	207	
		Address	
	NORTH MIAMI BEACH,	FL 33160	
		City/State and Zip Code	
	RENATO CAUCHIOLI@G		
	E-mail address: (to	be used for future annual report notif	ication)
For further information	n concerning this matter, please ca	11:	
RENATO CAUCHIO	oli	305 354-6316 at ()	<u> </u>
Nam	e of Person	Area Code Daytime	: Telephone Number
Enclosed is a check fo	or 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

FILED
2015 MAY 22 PH 5: 30
TALLAHAR OF E. FI BRID.

GLOBAL LOGISTIC CONNECTIONS, 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 11/21/2014	and assigned
Florida document number L14000181085		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Cor	npany," 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 a registered agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>e</u>	nter the name of the new
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la Zip Code
New Registered Agent's Signature, if changing Registered Agent:	иу	rip Code
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfoaccept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office address.	rmance of my duties, and l led for in Chapter 605, F.S	am familiar with and . Or, if this document is

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
MGR	CAUCHIOLI RENATO	15801 BISCAYNE BLVD 201	☐ Add
		NORTH MIAMI BEACH FL	Remove
		33160	, ☐ Change
MGR	ORLANDO MAURICIO	15801 BISCAYNE BLVD 201	
		NORTH MIAMI BEACH FL	Remove
		33160	/ ☐ Change
			☐ Remove
			Change The Add
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Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.
Dated	MAY 18 (015)
	Signature of a member or authorized representative of a member
	PENATO TADEN CANCELLOSI JUNIOR Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00