

214000 197206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

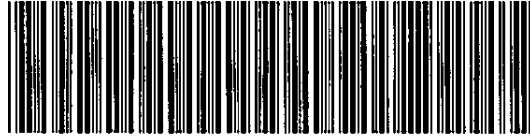
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 MAR -2 AM 11:11

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4.000000 MAR 13 2015

TO: Registration Section
Division of Corporations

GLOBO INTERNATIONAL TOURS 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:

EURIBIADES CERRUD II, ESQ.

Name of Person

PESQUERA, CERRUD & BIRMINGHAM, PA

Firm/Company

219 NORTH MAGNOLIA AVENUE

Address

ORLANDO, FL 32801

City/State and Zip Code

jessicabanchs@gmail.com

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

For further information concerning this matter, please call:

EURIBIADES CERRUD II, ESQ.

407 545-5351

Name of Person

at (_____) _____

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 ORGANIZATION
OF**

GLOBO INTERNATIONAL TOURS 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 12/19/2014 and assigned
Florida document number L14000193206

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

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

MGR = Manager
AMBR = Authorized Member

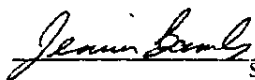
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	O.S.A.M.I. Group LLC	5320 Burning Tree Drive	<input type="checkbox"/> Add
		Orlando, FL 32811	<input checked="" type="checkbox"/> Remove
AMBR	E-Vacations, Corp.	Plaza Cupey Gardens, Edif. Oeste	<input type="checkbox"/> Add
		Ofic. C1, San Juan, PR 00926	<input checked="" type="checkbox"/> Remove
AMBR	Jessica Banchs	5320 Burning Tree Drive	<input checked="" type="checkbox"/> Add
		Orlando, FL 32811	<input type="checkbox"/> Remove
AMBR	Pedro Alonso Cuevas	Plaza Cupey Gardens, Edif. Oeste	<input checked="" type="checkbox"/> Add
		Ofic. C1, San Juan, PR 00926	<input type="checkbox"/> Remove
AMBR	Manuel Jimenez	Plaza Cupey Gardens, Edif. Oeste	<input checked="" type="checkbox"/> Add
		Ofic. C1, San Juan, PR 00926	<input type="checkbox"/> Remove
AMBR	Ruben H. Trifilio	5320 Burning Tree Drive	<input checked="" type="checkbox"/> Add
		Orlando, FL 32811	<input type="checkbox"/> Remove

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E. Effective date, if other than the date of filing: _____ (optional)

(The 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)

Dated this 6th day of February 2015



Signature of a member or authorized representative of a member

JESSICA BANCHS

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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