

L15000003412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

FEB 17 2015

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOBAL INNOVATION LLC
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:

MAURICIO JARA

Name of Person

GLOBAL INNOVATION LLC

Firm/Company

25943 SW 217 AV.

Address

Homestead FL 33031

City/State and Zip Code

mauriciojara@me.com

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

For further information concerning this matter, please call:

Mauricio Jara

Name of Person

at (786) 863 2027

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TO
ARTICLES OF ORGANIZATION
OF

GLOBAL INNOVATION 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 January 07, 2015 and assigned Florida document number L15000003412.

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

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

Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Article IV
PLEASE Change the title from
CEO to Member (AMBR)

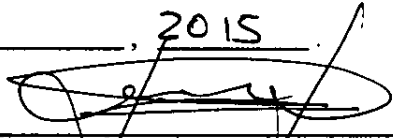
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	MAURICIO A JARA		<input type="checkbox"/> Add
		25943 SW 217 AV.	<input checked="" type="checkbox"/> Remove
		Homestead FL 33031	
MEMBER (AMBR)	MAURICIO A. JARA	25943 SW 217 AV	<input checked="" type="checkbox"/> Add
		Homestead FL 33031	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<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 FEBRUARY 6, 2015



Signature of a member or authorized representative of a member

MAURICIO A. JARA

Typed or printed name of signer

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Filing Fee: \$25.00

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