

L15000049156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

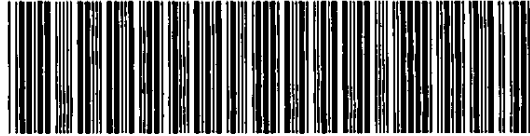
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 17 2016
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: B.AMERICA ENTERPRISESLLC
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:

ADELE TYSON
Name of Person

Firm/Company

14 E WASHINGTON ST STE 406
Address

ORLANDO, FL 32811
City/State and Zip Code

ORLANDO@INTERNEXUS.EDU
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

ADELE TYSON at (**407**) **9861001**
Name of Person 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 AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

B.AMERICA ENTERPRISES 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 03/18/2015 and assigned Florida document number L15000049156.

This amendment is submitted to amend the following:

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

INTERGLOBAL FLORIDA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

14 E WASHINGTON ST. STE. 406

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32811

Enter new mailing address, if applicable:

14 E WASHINGTON ST. STE. 406

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32811

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TALLAHASSEE FLORIDA

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JORGEDA SILVA	2514 LAKEWAY BRANCH DR	<input type="checkbox"/> Add
		ORLANDO, FL 32839	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	INTERGLOBAL INDIANA LLC	358 S 700 E, #605	<input checked="" type="checkbox"/> Add
		SALT LAKE CITY, UT 84102	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GLOBALCOM ENTERPRISES, LLC	2514 LAKEWAY BRANCH DR	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32839	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

JENNIFER M. PETERSON
 TALLAHASSEE, FLORIDA
 JUN 18 2010 10:02 AM
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

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TALLAHASSEE FLORIDA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated: MAY 25, 2016

Signature of a member or authorized representative of a member

JORGEDA SILVA

Typed or printed name of signee