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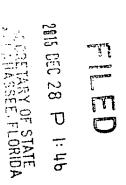
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COVER LETTER

TO: Registration Section
Division of Corporations

ð.

SUBJECT:	Good Life Globe Name of Limited			# L15000093859
The enclosed Article	es of Amendment	and fee(s) are	submitted for fi	ling.
Please return all cor	respondence conc	erning this ma	tter to the follow	ving:
Mark A. Seyfort Name of Person	h			
1543 NW 165 th Str Unit 1543 Miami Gardens, F Address				·
Kamilar@bellsout E-mail address: (to		annual report	notification)	
For further informat	tion concerning th	is matter, pleas	se call:	
Mark A. Seyforth At Name of Person	,	830-0051 rea Code	Daytime Tel	ephone Number
Enclosed is a check for	or the following amo	ount:		
≥ \$25.00 Filing Fee Certificate of Status		ee & 🔲 \$55.00 Certificate of		□ \$60.00 Filing Fee,
(additional copy is enclosed	d) Certifie	d Copy		
(additional copy is enclosed	1)			

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

GOOD LIFE GLOBAL HOLDINGS, 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 6/1/15 and assigned

Florida document number L15000093859

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company he	
N/A	1
IVA	

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

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

Name of New Registered Agent:

New Registered Office Address:

C. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records: N/A

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article one (1) of the Articles of Organization is amended to read as follows:

"THE NAME OF THE LIMITED LIABILITY COMPANY IS: "GOOD LIFE GLOBAL HOLDING, LLC." THIS LIMITED LIABILITY COMPANY SHALL NOT BE CALLED "GOOD LIFE USA, LLC." ANY PRIOR, CURRENT OR FUTURE REFERENCE TO THIS ENTITY AS "GOOD LIFE USA, LLC" IS REVOKED, WITHDRAWN AND FORBIDDEN."

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

DECEMBER 17, 2015

Signature of a member or authorized representative S almember

Typed or printed name of signee

Filing Fee: \$25.00