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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only





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COVER LETTER

| TO: Registration Section Division of Corp. | | | |
|--|--|---|--|
| SUBJECT: | Global FL Name of Limi | LLC ited Liability Company | |
| The enclosed Articles of A | mendment and fee(s) are subi | mitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | Jeren | Y I than t Name of Person | |
| | CS Glok | Pirm/Company | |
| | 522 Hunt | 5116 Solstice | Luop |
| | Sanford | FL 32711 City/State and Zip Code | |
| | Jeremy huv E-mail address: (t | FL 32711 City/State and Zip Code 1 1000 gma! o be used for future andual report notifice | cation) |
| For further information cor | ncerning this matter, please ca | | |
| Jereny | Hunt | at (321) 262-4 Area Code Daytime | 4311 |
| Name of I | 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

FILED 2015 JUN 22 PM 2: 03

SECKETARY OF STATE TALLAHASSEE, FLORIDA d 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 Love 09 2015 and assigned Florida document number _L | 5 000 | 00 8 80 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 contain 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

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.

City

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>Address</u> **Type of Action Title** Name Andrew Woodburn 28412 Bucaneer Dr. FRAdd
Winter Park, FL 32792 Remove AMBR _ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove _□ Change ☐ Add ☐ Remove __ Change

| | ding any other information, enter change(s) here: (Attach additional sh | , 9 |
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| Effective | e date, if other than the date of filing: | (optional) |
| If an effect Note: If | tive date is listed, the date must be specific and cannot be prior to date of filing or more than the date inserted in this block does not meet the applicable statutory filing requires effective date on the Department of State's records. | irements, this date will not be listed the |
| | | JUN 2 |
| he reco | rd specifies a delayed effective date, but not an effective time, both day after the record is filed. | The state of the s |
| | , | FINE PLO |
| Dated _ | Jane 19, 2015. | 2: 03 |
| | $\bigcirc 1/A$ | |
| | | ambae |
| | Signature of a member or authorized representative of a me | emoei |

Page 3 of 3

Filing Fee: \$25.00