## LISO00103748

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Registration Se Division of Cor	ection porations		•
GLOBAL I	FC, LLC		
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	_	
	EDUARDO VALLARINO	)	
		Name of Person	
:		Firm/Company	
	1450 BRICKELL BAY DI	R APT 310	
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	
*	EVALLARINO@W2CAPI		
	E-mail address: (	to be used for future annual report notific	cation)
For further information of	concerning this matter, please c	all:	
EDUARDO VALLARII	, ·	786 444-2288	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
	ING ADDRESS:	STREET/COURIE	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2015 NOV 12 PM 1:31

GLOBAL FC, LLC

company has been notified in writing of this change.

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our February ANSSEE, FLORIE) A

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on  $\frac{06/15/2015}{1}$ Florida document number L15000103748 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 1 , Florida City 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

If Changing Registered Agent, Signature of New Registered Agent

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

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>	Type of Action
MGR		GONZALO VARGAS	1450 BRICKELL BAY DR	🖺 Add
	<b>-</b>		APT 310	Remove
	•	,	MIAMI, FL 33131	Change
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Effective date, If other than the date of filing: 11/11/2015  (aptional)  (apt	t amending any other informatio	n, enter change(s) here: (Atta	ch additional sheets, if necessa	ary.)
Effective date, if other than the date of filing: 11/11/2015 [Optional]  fan 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: 1fth date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:				
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Typed or printed name of signce	· EDUARDO VALLARINO	)		

Page 3 of 3

Filing Fee: \$25.00