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COVER LETTER.

TO: Registration Section Division of Corpor			
SUBJECT:	Master Globa	I LLC	
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	Lorena l	izarralde	
	Secur.	e Accompany	.C
	Miai	,	
-	Tberri E-mail address: (to		epts. com
For further information conc	erning this matter, please call	I:	
LOYENGI Name of Pe	Lizarral de	at (<u>786)</u> <u>U (9</u> Area Code Daytime 7	Y149 Celephone Number
Enclosed is a check for the fi	ollowing 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

Master Glob	pal LLC
(Name of the Limited Liability Compa (A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15 006 113 469</u>	were filed on $(0 30)15$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	ALLE JU
(Principal office address MUST BE A STREET ADDRESS)	
	PH 3:5
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of 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 = Ms $AMBR = At$	anager uthorized Member		
Title	Name	<u>Address</u>	Type of Action
MGR	Juan Carlos Bedaya	12300 SW 131 Ave	Add
		Miami FL 33186	Remove
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fecti an est	ve date, if other than the date tis listed, the date must be	ite of filing:	prior to date of filing or	(opt	ional) er filing.) Pursuant to	605.0207
	If the date inserted in this blockent's effective date on the Department.	c does not meet the a	applicable statutory fil	ing requirements, th	is date will not be	listed as
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