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SECRETARY OF STATE

JUL 11 2016 S. YOUNG

COVER LETTER

Division of Cor				
GLOBAL I	MIOX USA LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	GERMAN ROJAS			
	 .	Name of Person		
		Firm/Company		
1820 N CORPORATE LAKES BLVD SUITE 202-4				TALL 16
		Address		一部
	WESTON/FL 33326			16 JUL -8
	germanrojas01@yahoo.com	City/State and Zip Code		UL-8 AMII:50
	E-mail address: (to be used for future annual report notif	ication)	. 5
For further information c	concerning this matter, please c	all:		_چ چ ک
GERMAN ROJAS		954 655 8281 at ()		
Name o	of Person		Telephone Number	
Enclosed is a check for the	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 Stat Certified Copy (additional copy is end	
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

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

GLOBAL MIOX USA LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	 _
The Articles of Organization for this Limited Liability Company	were filed on 08/28/2015	and assigned
Florida document number L15000148271		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
USA GLOBAL MARKET INVESTMENTS LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:	601 BRICKELL KEY DR	<u>-</u> .
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		6 LESS
Enter new mailing address, if applicable:	1820 N CORPORATE LAKES BLVD	
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 202-4	- 8 88.84
		2 19
		= co
B. If amending the registered agent and/or registered of		name of the new
registered agent and/or the new registered office address her	<u>re</u> :	** **
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>	Address	Type of Action
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			☐ Remove
			□ Change
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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D	ock does not meet	the applicabl	late of filing or me e statutory filin	(op ore than 90 days af g requirements, t	tional) ter filing.) Pursuant to 60 his date will not be lis)5.0207 ited as
e record specifies a delayed The 90th day after the rec		, but not a	in effective t	ime, at 12:01	a.m. on the earl	ier of
ated	, 20	016				
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	Signature of a mem	har av avela-	ad rangagantation	of a mumbar		

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Filing Fee: \$25.00