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(Re	equestor's Name)	
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2016 AUG II PM 12: 31

SEURETARY OF STATE

K.SALY EXAMINER AUG 15

COVER LETTER

TO: Re	gistration Section vision of Corpora	n Ations		•
SUBJECT:		Slobal Dest	NOS LLC d Liability Company	
The encloses	d Articles of Ame	ndment and fee(s) are submi	tted for filing.	
Please return	n all corresponder	ace concerning this matter to	the following:	
	-	Malia del P	Name of Person	
	-	GlobaL	DESTINOS, LLC Firm/Company	<u>, </u>
	-	9941 Poeta L	Address	•
	-	BOYNTON B	each Fl 3. City/State and Zip Code	3472
	_		LCC Gmail. Com be used for future annual report no	
For further i	nformation conce	rning this matter, please call		
Marko	Name of Per	Mango	at (50) 690 Area Code Dayti	2058 Q . ime Telephone Number
Enclosed is	a check for the fo	llowing amount:		
\$25.00 I	Filing Fee	l \$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

T	O
ARTICLES OF C	ORGANIZATION FILES
• • •	OF 2016 at
	TO AUG / / D.
GLOBAL DESTING	ORGANIZATION OF 20/6 AUG PM 12: 32 TALL AND THE SECONDS OF SEC
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.)
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $10 - 26 - 2015$ and assigned
Florida document numberL15000181941	
Florida document humber	
This amendment is submitted to amend the following:	
A If amounting name automate name and the limited ligh	ditter and the same
A. If amending name, enter the new name of the limited liab	ntty company nere:
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	2212 S Jog Road Greenagres, FL 33415
(Principal office address MUST BE A STREET ADDRESS)	Greengares, FL 33415
	
Enter new mailing address, if applicable:	9941 Porta leona LN
(Mailing address MAY BE A POST OFFICE BOX)	BOYNTON BEACH, FI 33472
	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address her	₹.
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.

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>	Name	Address	Type of Action
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		1983 5 mintary TRAIL West Palm Beach, Fl	™ Remove
		33415	Change
			🗀 Add
		P	Remove
			Remove Remove Add PA Nove Change Change
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ocumen	t's effective date on the Depar	tment of State's	records.				
e reco	rd specifies a delayed ef	fective date.	but not an	effective time	at 12:01 a.	n, on the earli	ier o
	Oth day after the record						
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Page 3 of 3

Filing Fee: \$25.00