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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FOX ROTHSCHILD LLP
Account Number : 120130000024
Phone : (215) 299-2162
Fax Number : (215) 299-2150

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: vlagana@foxrothschild.com

16 APR -5 AM 11:12

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GLOBAL INTERNATIONAL 3, LLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOBAL INTERNATIONAL 3, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VANESSA LAGANA
Name of Person

FOX ROTHSCHILD LLP
Firm/Company

2 S. BISCAYNE BLVD., SUITE 2750
Address

MIAMI, FLORIDA 33131
City/State and Zip Code

VLAGANA@FOXROTHSCHILD.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA LAGANA at (305) 442-6544
Name of 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

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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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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