Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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

: (215) 299-2150 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. * 123

vlagana@foxrothschild.com Email Address:

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

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Electronic Filing Menu

Corporate Filing Menu

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| 4 ,t | | COVER LETTER | | |
| TO: Registration Sc Division of Cor | | | | |
| GLOBAL I | NTERNATIONAL 3, LLC | | | |
| SOBOLO 1 | Name of Lim | nted Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing, | | |
| | ndence concerning this matter | - | · | |
| | VANESSA LAGANA | | | |
| | | Name of Person | , | |
| | FOX ROTHSCHILD LLP | | | |
| | | Firm/Company | ************************************** | *3 |
| | 2 S. BISCAYNE BLVD., | SUITE 2750 | | |
| | | Address | ngga ting and the second secon | |
| | MIAMI, FLORIDA 33131 | | | |
| | | City/State and Zip Code | V | |
| | VLAGANA@FOXROTHS | | | |
| | E-mail address: (| to be used for future annual report notificati | ion) | |
| For further information c | oncerning this matter, please ca | all; | | |
| VANESSA LAGANA | | 305 442-6544 | | · · · · · · · · · · · · · · · · · · · |
| Name o | Person | Area Code Daytime Tel | lephone Number | |
| Enclosed is a check for the | e following amount: | | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55,00 Fiting Fee & Certified Copy (additional copy is enclosed) | 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

Fax Audit #H16000084275 3

| GLOBAL INTERNATIONAL 3, LLC | | |
|--|--|---------------------------------|
| (Name of the Limited Liab (A Flori | ility Company as it now annears on our records Limited Liability Company) | <u>ds.</u>) |
| The Articles of Organization for this Limited Liability Florida document number L15000212698 | Company were filed on 12/24/2015 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| GLOBAL GARAGE, LLC | | |
| The new name must be distinguishable and contain the words "Li | mited Liability Company," the designation "LL | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | or and the second of the secon | , |
| (Principal office address MUST BE A STREET ADD | DRESS) | |
| Enter new mailing address, if applicable: | ····· | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or regi | istered office address on our record | is, enter the name of the new |
| registered agent and/or the new registered office ad- | <u>dress here</u> : | E H |
| Name of New Registered Agent: | | 100 m |
| New Registered Office Address: | | ₹ N |
| | Enter Florida street addre | 155 |
| | . F | lorida |
| | 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

Page 1 of 3

Fax Audit #H 16000084275 3
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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|---------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
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| f amending any other information, enter change(s) here: (Attach additional shee | #H16000084275 as, if necessary.) | |
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| Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not need the applicable statutory filing required document's effective date on the Department of State's records. | (optional) 0 days after filing.) Pursuant ments, this date will not b | to 685 ,0207 of listed as t |
| | 12:01 a.m. on the | earlier of: |
| he record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed. | | |
| The 90th day after the record is filed. Dated Properties a delayed effective date, but not an effective time, at 2016. | | |
| The 90th day after the record is filed. Dated April 5 2016. | | |
| The 90th day after the record is filed. Ac. 1 5 Zolf | ber | |

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