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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY

JUL 27 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAYER2 NETWORK CONSULTING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following.

Greg Barnett

Name of Person

Lai An Legal Services

Firm Company

1101 Brickell Avenue, 8th Floor, South Tower

Address

Miami, Florida 33131

City, State and Zip Code

financial@l2network

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg Barnett

855

505-2826

Name of Person

at

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 copies enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copies enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Chelon Building
2681 Executive Center Circle
Tallahassee, FL 32361

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2017 JUL 21 PM 2: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAYER2 NETWORK CONSULTING LLC

(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company))

The Articles of Organization for this Limited Liability Company were filed on August 17, 2016 and assigned
Florida document number L160901543p.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

L2 GLOBAL LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC," or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

(Enter the correct address)

Florida

City

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 602, 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Pividal, Marcel	5255 Collins Ave	☐ Add
		Apt 507	☐ Remove
		Miami Beach, Florida 33140	☒ Change
AMBR	Perera de Souza, Igor Alexandre	5255 Collins Ave	☐ Add
		Apt 507	☐ Remove
		Miami Beach, Florida 33140	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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 OFFICE OF STATE
 ATTORNEY GENERAL
 TALLAHASSEE, FLORIDA

FILED

STUCKE, ERIC D. FLOPPY
HALL HASSEE.

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2011 JUL 21 PM 2:06
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signer