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SECRETARY OF STATE

D. BRUCE MAR 0 6 2017

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: PASSET GLOBAL 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:
Luis A. MARIN CUADRITO
SAXUIU FATERNATIONAL Firm/Company
175 SW 75T. Suit = 1206
MIAM FL 33130 City/State and Zip Code
E-mailaddress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Luis A. MARIN CUADRADO at (786) 506-0386  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional Copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section Registration Section
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BASSEL GLOBAL	~~~		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 1 7 00 00 40 338</u> .		017 and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or	r the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<del> </del>
-			<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<del> · · · · · · · · · · · · · · · · · · </del>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, g	enter the name	of the new
Name of New Registered Agent:		7A 28	<del></del>
New Registered Office Address:		T MA	T
	Enter Florida street address	R -3	
<del></del>	, Floric	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		S FAT	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac- company has been notified in writing of this change.	erformance of my duties, and i ovided for in Chapter 605, F.S.	I am familiar wit S. Or, if this docu	h and ment is

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	<u>Address</u>	Type of Action
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