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TALLAHASSEE FLORID

## COVER LETTER

TO:	Registration Se Division of Cor				
CHOIC		NTERTRADE LOGISTICS, I	LLC	Ì	
SUBJE	CI:	Name of Lim	ited Liability Company	-	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please r	eturn all correspo	indence concerning this matter	to the following:		
		Oscar E. Gallion			
			Name of Person	<u> </u>	
		Global Intertrade Logistic	cs, LLC		
			Firm/Company		
		1889 S Ocean Drive Un	it B 102		
			Address		
		Hallandale Beach, FL 33	3009		
			City/State and Zip Co	xte	
			a@globalil.us	<u> </u>	
		E-mail address; (	to be used for future ann	ual report notifica	ation)
For furt	her information c	oncerning this matter, please ca	all:		
Svitlan	a Volosko		646 at ( )	399-7886	
	Name o	f Person	Area Code	Daytime T	elephone Number
Enclose	d is a check for th	ne following amount:			
□ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy (additional copy is	,	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:		EET/COURIEF	R ADDRESS:
		ation Section		tration Section	
		n of Corporations ox 6327		ior of Corporati n Building	OHS
		ssee, FL 32314	2661	Executive Center hassec, FL 3230	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL INTERTRADE LOGISTICS, LLC	l		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears of Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Companication for the Liability Companication of Com			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here	:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the desig	anation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			AH.
			ARY ARY -5
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		··· · · · · · · · · · · · · · · · · ·	7.
			<b>5</b>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:  New Registered Office Address:	Enter Florida	street address, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	_		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my s provided for in Cha ce address, I hereby (	v duties, and I am fo upter 605, F.S. Or, i confirm that the lim	umiliar with and if this document is ited liability
If Ch	ianging Registered Agent	t. Signature of New Reg	istered Agent

MGR = N	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MR	OSCAR GABRIEL		
			a Aud
			■ Remove
			Change
MR ———	OSCAR E. GALLION	1889 S OCEAN DRIVE UNIT	B ·
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			Remove
			Change
			Add
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D. If amendi	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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E. Effective o	date, if other than the date of filing: (optional)		
Note: If the	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu the date inserted in this block does not meet the applicable statutory filing requirements, this date will not seffective date on the Department of State's records.	ant to 605.02 of be fisted	207 (3)(b) as the
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th 0th day after the record is filed.	e earlier	of:
Dated	O2/27/20/8  Signature of a member or authorized representative of a member		
		<del></del>	
	OSCAR E. GALLION  Typed or printed name of signee	<del></del>	

Page 3 of 3

Filing Fee: \$25.00