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S. WARREN JUL 0 7 2017

COVER LETTER

Division of Corpo			
SUBJECT: 6'LO	BAL INVESTO Name of Limit	ed Liability Company	L.C.
	mendment and fee(s) are subn		
Please return all correspond	dence concerning this matter to	o the following:	
	<u>ivayne</u>	Name of Person	
	LEE	LOW/IVGER PC Firm/Company	
	1750	TYSONS BLVA Address	0. SUITE 1500
	MC LE.	AN VA 23 City/State and Zip Code	102
	E-mail address: (I	© LEELOWL AW, obe used for future annual report notif	com_
For further information co	ncerning this matter, please ca	ત્તી:	
WAYNE Name of	M. LEE	at $(\frac{703}{\text{Area Code}})$ Daytime	F - // 5 4 Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL IN	ility Company as it now appears on our records;) da Limited Liability Company)
(Name of the Limited Liab) (A Florid	da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L 9800003</u>	Company were filed on $\frac{12/24/98}{420}$ and assigned
This amendment is submitted to amend the following:	-
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg	gistered office address on our records, enter the name of the new
registered agent and/or the new registered office ac	ddress here:
N	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
_	, Florida
New Registered Agent's Signature, if changing Registe	ered Agent:
provisions of all statutes relative to the proper and	and agree to act in this capacity. I further agree to comply with the d complete performance of my duties, and I am familiar with and I agent as provided for in Chapter 605, F.S. Or, if this document is sered office address, I hereby confirm that the limited whility age.
	P. S.
	If Changing Registered Agent. Signature of New Registered Agent

Page 1 of 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>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
<u></u>			□ Add
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te: If the date ins aument's effective	her than the date of ted, the date must be speci erted in this block does date on the Departmen	s not meet the applica nt of State's records.	ble statutory filing re	quirements, this t	rate will not be i	istea
record specific	es a delayed effect Ifter the record is l	tive date, but not filed.			m, on the ea	mer
ne 90th day a						
	IULY 3					
	IULY 3_	2017	Contribution of	a member	17 Ju	-
	IULY 3 Wayn Signatur	re of a member or author Typed or printe			17 JUL -5	

Filing Fee: \$25.00