

M1500004709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

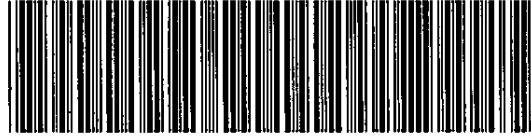
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100283056531

03/22/16--01028--013 **30.00

FILED
2016 APR -1 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR -1



RECEIVED

2016 APR -1 PM 12: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2016

RODRIGO LOPEZ
INFINITY AT BRICKELL
40 SW 13TH STREET STE 102
MIAMI, FL 33130

SUBJECT: GLOBAL OPPORTUNITIES ASSET MANAGEMENT, LLC
Ref. Number: M15000004709

We have received your document for GLOBAL OPPORTUNITIES ASSET MANAGEMENT, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 616A00005947

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GLOBAL OPPORTUNITIES ASSET MANAGEMENT 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:

Rodrigo Lopez

Name of Person

Global Opportunities Asset Mangement LLC

Firm/Company

Infinity at Brickell, 40 SW 13th Street, Suite 102

Address

Miami, Florida 33130

City/State and Zip Code

rlopez@globalopportunitiesam.com

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

For further information concerning this matter, please call:

Rodrigo Lopez

305 921-0001
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: GLOBAL OPPORTUNITIES ASSET MANAGEMENT, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M1500000 4709

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 6/15/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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 Florida Street Address

_____, Florida _____
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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity Name Address Type of Action

AMOR INES M FEBRES INFINITY AT BRICKELL
40 SW 13th ST # 102 ☒ Add
MIAMI, FL 33130

☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

RODRIGO LOPEZ

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2016 APR -1 PM 3:07
CLERK OF STATE
TALLAHASSEE, FLORIDA