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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LICENSES ETC INC
Account Number : I20070000159
Phone : (239)777-1028
Fax Number : (877)275-3593

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

Email Address: ETC@LICENSESETC.COM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDARECEIVED
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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GLOBUS MANAGEMENT GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

JAN 22 2016
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COVER LETTER

TO: Registration Section
* Division of Corporations

SUBJECT: Globus Management Group, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sean Dinneen

Name of Person

Licenses, Etc., Inc.

Firm/Company

886 110th Ave N, Suite 6

Address

Naples, FL 34108

City/State and Zip Code

ETC@LICENSESETC.COM

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

For further information concerning this matter, please call:

Sean Dinneen

Name of Person

at (239) 592-4381

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Chilton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E055 (9/15)

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TALLAHASSEE, FLORIDA

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**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: GLOBUS MANAGEMENT GROUP, 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 BOX2. The Florida document number of this limited liability company is: M160000004603. Jurisdiction of its organization: TEXAS4. Date authorized to do business in Florida: 01/19/2016**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

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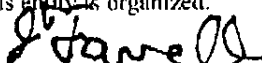
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JASON TURNER	3751 CAVALIER DRIVE	<input type="checkbox"/> Add
		GARLAND, TX 75042	<input checked="" type="checkbox"/> Remove
AMBR	JAMES EDWARD FARRELL	3751 CAVALIER DRIVE	<input checked="" type="checkbox"/> Add
		GARLAND, TX 75042	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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

JAMES EDWARD FARRELL

Typed or printed name of signee

Filing Fee: \$25.00

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 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE
☐ Add
☒ Remove

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