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COVER LETTER

Division of Corpor			
SUBJECT: Globa	al Clump 1	LC	
	Name of Limi	ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are subr	mitted for filing.	
Please return all corresponde	nce concerning this matter (to the following:	
	Mar	Name of Person	
	Pa	Firm/Company	
		Firm/Company	
	1535	N Park Dr. Ste 104	
	·	D Park Dr. Ste 104	
	West	City/State and Zip Code Oparus awww.cor o be used for Grure annual report notifi	
		City/State and Zip Code	
_	legal 3	@parjustam con	<u> </u>
Para Constantin Commenting			canony
For further information conc			
Maríala	rxus	at (<u>954</u>) <u>218 59</u> Area Code Daytime	109.
Name of Pe	rson	Area Code Daytime	Telephone Number
Englosed is a check for the fe	ollowing amount:		
\$25.00 Filing Fee (□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 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

<u> </u>	JMP LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)
(11.17.16.17.16.17.	,
The Articles of Organization for this Limited Liability Company w	rere filed on 07/05/2013 and assigned
Florida document number <u>L13 0000 95 6 28</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	015
<u></u>	WIL 5102
	.21
Enter new mailing address, if applicable:	-0, (,,
(Mailing address MAY BE A POST OFFICE BOX)	-
Indiang maress MAT DE ATOST OFFICE BOXY	
B. If amending the registered agent and/or registered offi	ce address on our records, enter the name of the new
registered agent and/or the new registered office address here:	7
Name of New Registered Agent:	
New Registered Office Address:	
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 provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Ma $AMBR = Au$	anager athorized Member	·	
<u>Title</u>	Name	Address	Type of Action
	UPH International Trading	1400 NW 1074 Apr # 430	
GNJPLLC	Mi4mi £ 33172	ETRemove	
			Change
	VEHL Holding group	LIC 1400 NW 107th Are #4	<u>}></u> □ Add
		Miani FL 33172	E Remove
			Change
MGR	Alino Moroles Investments, LLC	2 83 20 NW 35TH St.	Œ Add
		Co. per aly FL 33024	
			Change
MGR	Gabriel Hotem	1400 NW 10744 AVR H 430	_ T Add
		Migmi FC 33172	Remove
			Change
M62	Mario Alfen	1400 NW 15-711 Nove #430	_ @ Add
		Mioni FC 33172	Remove
			Change
			_□ Add
			_□ Remove
			_□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

_	
_	
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fan effec <u>Note:</u> T	te date, if other than the date of filing:
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0 0th day after the record is filed.
	June 18th 2019
	June 18+11 2019
	Signature of a member producted representative of a member

Page 3 of 3

Filing Fee: \$25.00