

L16000026415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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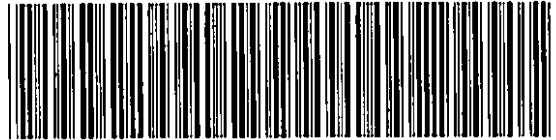
(Business Entity Name)

(Document Number)

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2018 AUG -8 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FL 32399

M. MILLIGAN
AUG 08 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Global management systems, 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:

Andre Mayberry
Name of Person

Global management systems, LLC
Firm/Company

13762 W. State Rd 84 #212
Address

Davie FL 33325
City/State and Zip Code

globalmanagementsystemsllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andre Mayberry at 934 901 254 6
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Global management systems

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2014 AUG -8 PM 12:21
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/8/2014 and assigned
Florida document number 214 0000 26415

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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:

Andre Mayberry

New Registered Office Address:

2890 State Rd 84 #113

Enter Florida street address

Dania Beach

City

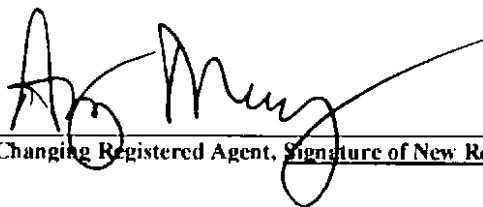
Florida

33312

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

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kelly McBride	13762 W. State Rd 84 #212	<input type="checkbox"/> Add
		Davie FL 33325	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jennifer Reyes	13762 W. State Rd 84 #212	<input checked="" type="checkbox"/> Add
		Davie FL 33325	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rebecca Richards	13762 W. State Rd 84	<input checked="" type="checkbox"/> Add
		#212	<input type="checkbox"/> Remove
		Davie FL 33325	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 1 2018
Andre Mayberry
 Signature of a member or authorized representative of a member
Andre Mayberry
 Typed or printed name of signer

SECRET - SECURITY INFORMATION

2018 AUG -8 PM 12:21

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