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## **COVER LETTER**

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SURIFCT.	ANCAR G	LOBAL COMPANY, LLC		
Songre i	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		ANDRES E. VIVAS		
			Name of Person	
		ANCAR GLOBAL COMP	PANY, LLC	
		<del> </del>	Firm/Company	
		750 SW 138 AVENUE, A	PTO. 113 <b>-</b> F	
		-	Address	
		PEMBROKE PINES, FL,	33027	
		····	City/State and Zip Code	
		•		
	ANCAR GLOBAL COMPANY, 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:  ANDRES E. VIVAS  Name of Person  ANCAR GLOBAL COMPANY, LLC  Firm/Company  750 SW 138 AVENUE, APTO. 113-F  Address  PEMBROKE PINES, FL, 33027  City/State and Zip Code ancarglobalcompany@gmail.com  E-mail address: (to be used for future annual report further information concerning this matter, please call:  NNDRES E. VIVAS  Name of Person  Area Code  Inclosed is a check for the following amount:  \$\frac{3}{2}\$ \$25.00 Filing Fee  \$\frac{1}{2}\$ \$30.00 Filing Fee & \$\frac{1}{2}\$ \$55.00 Filing Fee & Certificate of Status  Certified Copy	to be used for future annual report notif	ication)	
For further i	information co	oncerning this matter, please ca	all:	
ANDRES E	E. VIVAS		954 6818786 at ()	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for th	ne following amount:		
<b>\$25.00</b> ]	Filing Fee	_	☐ \$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

## ANCAR GLOBAL COMPANY, LLC

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

The Articles of Organization for this Limited Lia	ability Company	were filed on 05/16/2016		and assig	med
Florida document number $\frac{\text{L}16000095325}{\text{This amendment is submitted to amend the follows:}}$	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ity Company," the designation "	'LLC" or the abbrev	iation "L.L.	C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		10500 NW 26th ST, BUILDING A-102, SUITE B			
		DORAL, FL, 33172			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B  B. If amending the registered agent and/o	or registered of		***************************************		the new
registered agent and/or the new registered off	ice address here	<b>:</b>		_	OV.
Name of New Registered Agent:				88 AP	SECRE
New Registered Office Address:	10500 NW 26th	ST, BUILDING A-102, SU	ITE B	30	OF AFE
	DORAL, FL	Enter Florida street ad City	, Florida <sup>33172</sup>	Zip Codes	OF STATE
New Registered Agent's Signature, if changing R	egistered Agent:			7	줐

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>	Address	Type of Action
AMBR	CARLA BALL	818 REGAL COVE RD	🗀 Add
		WESTON, FL 33327	■ Remove
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			Add
			□ Remove
			☐ Change
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an ef ote:	ive date, if other than the date of filing:	
re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlier
ated	04/25/2018	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00