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2019 JAN -2 AM 8: 2:

C. GOLDEN
JAN 1 2 2018

COVER LETTER

Registration Section Division of Corporations

:01

G. SUBJECT:	&M GLOBAL, LLC		
, , , , , , , , , , , , , , , , , , ,	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	pondence concerning this matter	to the following:	
	GEORGE DEEB		
	G&M GLOBAL, LLC	Name of Person	
	9988 COBBLESTONE CE	Firm/Company REEK DR	
	BOYNTON BEACH, FL	Address 33472	······································
	FLORIDA8707@GMAIL.0	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
GEORGE DEEB		561 436-2158 at ()	
Name	of Person		e Telephone Number
Enclosed is a check for	the following 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)
Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

G&M GLOBAL, LLC

2019 JAN -2 AM 8: 23

(Name of the Limited Liability	Company as It now appears on our records.) imited Liability Company) GREIAR OF STATE
	TALLAHASSEE, FL
ne Articles of Organization for this Limited Liability Con	npany were filed on 11/02/2018 and assigned
orida document number L18000257799	, ,
nis amendment is submitted to amend the following:	
If amending name, enter the new name of the limite	d liability company here:
e new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRE.	SS)
nter new mailing address, if applicable:	
<u> 1ailing address MAY BE A POST OFFICE BOX)</u>	
If amending the registered agent and/or register gistered agent and/or the new registered office address	red office address on our records, enter the name of the ness here:
Name of New Registered Agent:	
New Pagistarad Office Address:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
w Registered Agent's Signature, if changing Registered A	Agent:
ovisions of all statutes relative to the proper and com cept the obligations of my position as registered agen	ed agree to act in this capacity. I further agree to comply with the applete performance of my duties, and I am familiar with and not not as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
ī	If Changing Registered Agent, <u>Signature of New Registered Agent</u>

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

1GR = Manager

MBR = Authorized Member

<u>itle</u> <u>Name</u> **Address Type of Action GEORGE DEEB** 9988 COBBLESTONE CREEK 1GR DR ■ Add **BOYNTON BEACH, FL 33472** ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change D Add ☐ Remove ☐ Change

Page 2 of 3

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ctive date, if other than the date of fili	ing: (optional)
effective date is listed, the date must be specific a	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
If the date inserted in this block does no ament's effective date on the Department or	at meet the applicable statutory filing requirements, this date will not be listed a
ment serrective date on the Department o	is state 5 records.
	e date, but not an effective time, at 12:01 a.m. on the earlier of
ne 90th day after the record is file	a.
DECEMBER ()	2010
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Signature of	a nomber or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00