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	(Req	uestor's Name)	_
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Certified Copies		Certificate:	s of Status
Special Instruction	s to F	iling Officer:	
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COVER LETTER

ro:	Registration Sec Division of Corp			
		RID AGENCY LLC		
SUBJI	ECT:	Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are subr	nitted for filling.	
Please	return all correspon	ndence concerning this matter t	to the following:	
		MARSHA SIHA		
		INCFILE.COM L1.C	Name of Person	
		17350 STATE HWY 249 S	Firm/Company STE 220	
		HOUSTON, TX 77064	Address	
		EFILE1234@INCFILE.CO		
			o be used for future annual report noti	fication)
For fu	rther information c	oncerning this matter, please ca	all:	
MAR.	SHA SIHA		855 829-9090 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclo	sed is a check for th	ne following amount:		
□ \$2	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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G	LOBAL GRID AGENCY LLC	FILED
(Name of the Limited (A	Liability Company as it now appears on our r Florida Limited Liability Company)	vcords.) 2029 JUL 15 P 1 11
The Articles of Organization for this Limited Liab	ility Company were filed on 02/13/2019	and assigned
Florida document number L19000044580		TALLAHASSEE, FLORIDA
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
	······································	·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		cords, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	address
-	City	_, Florida Zip Code
	~ <i>y</i>	sup come

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ANNE-MARIE MARTINEZ	530 EMERSON ST	
		UNIONIDALE NIV. LIZZZ	Add
		UNIONDALE, NY 11553	■ Remove
			Remove
			Change
			Add
		 	☐ Remove
			☐ Change
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Effective date, if other tl	nan the date of filing:		(optional)	
Note: If the date inserted i	date must be specific and cannot n this block does not meet the on the Department of State's r	e applicable statutory filin	(optional) nore than 90 days after tiling.) Pursu g requirements, this date will r	uant to 605,0207 not be listed as
ne record specifies a c The 90th day after t		out not an effective	time, at 12:01 a.m. on tl	ne earlier of
JULY 3 Dated	2019) ·		
a .	w Caballero Signature of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00