## h21000435265

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## **COVER LETTER**

•	ision of Cor			
SUBJECT:		Global, LLC	•	
SUBJECT.		Name of Lim	ited Liability Company	<del></del>
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		John Scholtz		
			Name of Person	·-
			Firm/Company	
		423 Knotwood Ln		
			Address	
		Naples, FL 34112		
		js9948@msn.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	tification)
For further in	nformation o	concerning this matter, please co	all:	
John Scholtz		609 741-7641		
	Name o	of Person		ne Telephone Number
Enclosed is a	check for the	he following amount:		
□ \$25.00 F	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)
	iling Addres		Street Address: Registration Se	ection
Div	vision of C	Corporations	Division of Co	orporations
P.C	<ol> <li>Box 632</li> </ol>	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

i <mark>ny as it now appears on our rec</mark> Liability Company)	ords.)			
The Articles of Organization for this Limited Liability Company were filed on 10/05/2021  Florida document number L21000435265				
oility company here:				
lity Company," the designation "l	JLC" or the abbreviation "L.L.C."			
423 Knotwood Ln				
Naples, FL 34112	72.			
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address on our records, <u>en</u>	ter the name of the new regis			
	<u>-</u>			
Enter Elcoida street ad	drave			
,	Florida			
	ility company here:  htty Company," the designation "Illustrated Line Naples, FL 34112  Enter Florida street address on our records, en			

## 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>	Address	Type of Action
AMBR	Ruth E Mischke	423 Knotwood Ln	
		Naples, FL 34112	≣Remove
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			□Remove
			Change
<del></del>			□Add
		<del></del>	□Remove
			☐Change
			☐Change  1022 JUN ☐ Add  ALLAHASSEE G  Remove
			Remove
			Change
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ective date, if other than th	ie date of filing:		(1	optional)		
effective date is listed, the date mee: If the date inserted in this	ust be specific and cannot be	e prior to date of filin	g or more than 90 days	after filing.) Pu		
ument's effective date on the						
cord specifies a delayed effect	ive date, but not an effec	tive time, at 12:01	a.m. on the earlier o	f: (b) The 90	)th day a	iller th
s filed.					-	
June 14	2022					
	Signature of a member of	$\sqrt{\Lambda}$	20			

Typed or printed name of signee