

L23 000 418 380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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900431687329

06/21/24--01039--001 **25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Global Discovery Solutions 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:

IRYNA CORRIGAN

Name of Person

Global Discovery Solutions LLC

Firm/Company

450 ALTON RD., Apt 604

Address

Miami Beach, FL 33139

City/State and Zip Code

irynanyc@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRYNA CORRIGAN

Name of Person

at (917) 837-6761

Area Code

Daytime 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Global Discovery Solutions 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 Liability Company were filed on 09/07/23 and assigned Florida document number L23000418380.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N / A

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:

N / A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N / A

(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:

N / A

New Registered Office Address:

Enter Florida street address

Florida

City

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.

N / A

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>
			<input type="checkbox"/> Add
AMBR CEO President Sole MBR	Iryna Corrigan	450 Alton Rd., Apt 604	<input type="checkbox"/> Remove
	(replace Iryna Voronov with Iryna Corrigan due to marriage) see docs attached	Miami Beach, FL 33139	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

11/9

just amending the name of the only member

E. Effective date, if other than the date of filing: 6/18/24 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.


Dated June 18 2024

[Handwritten Signature]

Signature of a member or authorized representative of a member

Iryna Corrigan

Typed or printed name of signee

 IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 09-12-2023

Employer Identification Number:
93-3357210

Form: SS-4

Number of this notice: CP 575 G

GLOBAL DISCOVERY SOLUTIONS
IRYNA VORONOV SOLE MBR *change to*
450 ALTON RD APT 604
MIAMI BEACH, FL 33139 *Iryna*
Corrigan

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 93-3357210. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

Department of Health • Vital Statistics
 STATE OF FLORIDA
 MARRIAGE RECORD
 TYPE IN UPPER CASE
 USE BLACK INK

This license not valid unless seal of Clerk
 Circuit or County Court, appears thereon



2023-018911

APPLICATION NUMBER

Official Record

Date: OCT 16 2023

Rec#: 389508

(STATE FILE NUMBER)

DUPLICATE

STATE OF FLORIDA, COUNTY OF MIAMI-DADE
 The Seal of the Clerk of the foregoing is the Seal of the Clerk of the
 Circuit and County Court of the County of Miami-Dade, Florida

Deputy Clerk



APPLICATION TO MARRY

1a NAME OF SPOUSE (First Middle Last) JOHN MARTIN CORRIGAN		1b MAIDEN SURNAME (if applicable)		2 DATE OF BIRTH (Month, Day, Year) SEP-10-1982	
3a RESIDENCE - CITY, TOWN, OR LOCATION MIAMI BEACH		3b COUNTY MIAMI-DADE		3c STATE FLORIDA	
4a NAME OF SPOUSE (First Middle Last) IRYNA (NINA) VORONOV		4b MAIDEN SURNAME (if applicable) GUZ		5 DATE OF BIRTH (Month, Day, Year) AUG-21-1984	
7a RESIDENCE - CITY, TOWN, OR LOCATION MIAMI BEACH		7b COUNTY MIAMI-DADE		7c STATE FLORIDA	
8 BIRTHPLACE (State or Foreign Country) ILLINOIS		9 BIRTHPLACE (State or Foreign Country) UKRAINE			

WE THE APPLICANTS NAMED IN THIS CERTIFICATE EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE OR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY

9 SIGNATURE OF SPOUSE (Sign full name using black ink) <i>John Martin Corrigan</i>		10 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) OCT-06-2023	
11 TITLE OF OFFICIAL DEPUTY CLERK		12 SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>	
13 SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Iryna Voronov</i>		14 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) OCT-06-2023	
15 TITLE OF OFFICIAL DEPUTY CLERK		16 SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>	



LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SO EMPHATICALLY THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID

17. COUNTY ISSUING LICENSE MIAMI-DADE		18 DATE LICENSE ISSUED OCT-06-2023		19a. DATE LICENSE EFFECTIVE OCT-09-2023		19 EXPIRATION DATE DEC-04-2023	
20a SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>			20b TITLE CLERK OF COURT AND COMPTROLLER			20c BY DC EVG	



CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21 DATE OF MARRIAGE (Month, Day, Year) 10/09/2023		22 CITY, TOWN, OR LOCATION OF MARRIAGE Miami Beach	
23a SIGNATURE OF PERSON PERFORMING THE CEREMONY (Black ink) <i>[Signature]</i>		23c ADDRESS (of person performing ceremony) 5146 Palisade Lane NW Washington DC 20016	
23b NAME AND TITLE OF PERSON PERFORMING THE CEREMONY (Or notary stamp) John F. Keivill Minister Universal Life Church Ministries		24 SIGNATURE OF WITNESS TO CEREMONY	
		25 SIGNATURE OF WITNESS TO CEREMONY	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

26 SOCIAL SECURITY NO		27 RACE		28 WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		IF ANSWER IS 'YES' TO ITEM 28 THEN COMPLETE ITEMS 29A, 29B, and 29C 29a NO OF THIS MARRIAGE 1		29b. LAST MARRIAGE ENDED BY (Death, Divorce, or Annulment)		29c. DATE LAST MARRIAGE ENDED	
30 SOCIAL SECURITY NO		31 RACE		32 WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		IF ANSWER IS 'YES' TO ITEM 32 THEN COMPLETE ITEMS 33A, 33B, and 33C 33a NO OF THIS MARRIAGE 2		33b. LAST MARRIAGE ENDED BY (Death, Divorce, or Annulment) DIVORCE		33c. DATE LAST MARRIAGE ENDED APR-23-2019	