LID 0000 22263

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(Ad	dress)	
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(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

TO:

Registration Section

Division of Corporations	•
SUBJECT: AMAZING GOBAL GI Name of Limited Lia	bility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
AUYOLIA RIOS Name of Person AMAZING GLOGAL GLOGP, LLC Firm/Company	_
18760 SW 311th St Address	_
Humo Stoad, FL 33030 City/State and Zip Code	
RALCCIONENTICO GMGIL, COM E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	200 24/60
AUNO 119A Rios at (786-	Area Code & Daytime Telephone Number
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

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

\$25 Filing Fee

INHS18 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMAZINE GIGI	A GOO	hy avit now appears on on Liability Company)	ur records.)	
The Articles of Organization for this Limited L Florida document number <u>(J0000 22</u>	iability Company	were filed on $6/3$	4/2021	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, <u>enter the new name o</u>	f the limited liab	oility company here:		
The new name must be distinguishable and contain the vector new principal offices address, if application of the distinguishable and contain the vector new principal office address MUST BE A STREE	cable:	dity Company," the designal 18760 SC Home Sto	U 3/1+1	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BON)</u>			
B. If amending the registered agent and/or a agent and/or the new registered office addre Name of New Registered Agent:	ess here: _AUTCO	lia Rios		ne of the new registered
New Registered Office Address:	13160 Homos	SUB//Fln Enter Florida str Hog d ['] City	f vet address Florida	33030 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.

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 Actio
MER	Aurelia Rios	18760 SU 311 Hr St	X_Add
		Home Stook, FC 33030	□Remove
			□Change
neR	Reinaldo Cabarrele	13760 SW 311+hSt	□Add
		Home Stoad, FL 3303	Remove
			□Change
			□Add
			D = □Remove
			□ Change
			> 11 = 3Add J
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of e: If the date inserted in this block does not meet the applicable stat ument's effective date on the Department of State's records.		ling.) Pursi	
cord specifies a delayed effective date, but not an effective time, at 1 sfiled.	2:01 a.m. on the earlier of: (b)	The 90th	i day after th
ed 6/24/2021			
ed <u>(o/24/2021</u> **Jurulian Répa **Signature of a member or authorized rep			
Cincitize of a number of multiple and ear	resentative of a member		

Filing Fee: \$25.00