

10/6/2020

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H200003481913)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.
Account Number : I20020000100
Phone : (305)944-9755
Fax Number : (888)401-1914

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GLOBAL BLOCKS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H20000348191 3)))

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: GLOBAL BLOCKS, 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

RAUL PASTOR

Name of Person

GLOBAL BLOCKS, LLC

Firm/Company

5220 S UNIVERSITY DR SUITE 102

Address

DAVIE FL 33328

City/State and Zip Code_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAUL PASTOR

Name of Person

at (_____) _____

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL BLOCKS, 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 02/04/2011 and assigned
Florida document number 111600015073.

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)

FILED
 2020 OCT -8 AM 9:24
 SECRETARY OF STATE
 TALLAHASSEE, FL

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.

If Changing Registered Agent, Signature of New Registered Agent

(((H200003481913)))

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>
MGRM	PASTOR, RAUL	5220 S UNIVERSITY DR	<input type="checkbox"/> Add
		STE C-102	<input checked="" type="checkbox"/> Remove
		DAVIE, FL 33328	<input type="checkbox"/> Change
MGRM	DELGADO, VERONICA	5220 S UNIVERSITY DR	<input type="checkbox"/> Add
		STE C-102	<input checked="" type="checkbox"/> Remove
		DAVIE, FL 33328	<input type="checkbox"/> Change
MGR	FALCONI WAGNER, NANCY	5220 S UNIVERSITY DR	<input checked="" type="checkbox"/> Add
		STE C-102	<input type="checkbox"/> Remove
		DAVIE, FL 33328	<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

SECRETARY OF STATE
TALLAHASSEE, FL
2020 OCT -8 AM 9:24

FILED

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

N/A

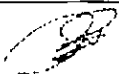
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 DEPT. OF STATE
 TOL. MASSACHUSETTS

E. Effective date, if other than the date of filing: 10/06/2020 (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 October 6, 2020


Signature of a member or authorized representative of a member

RAUL PASTOR

Typed or printed name of signee