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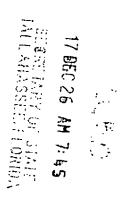
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO:	Registration Se Division of Cor			
	A.L. GLOF			
SUBJE	ECT:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Lisa Carver		
			Name of Person	
		A.L. GLOBAL, LLC		
			Firm/Company	
		1077 Columbine Way		
			Address	
		Erie, CO 80516		
		lisacarver4120@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
Alan C	Carver		850 830-5588	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$2:	5.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A.L. GLOBAL, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number	any were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L1.C" or the	abhreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	D)	
P-4		
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	1 office address on our records, enter	r the name of the ne
registered agent and/or the new registered office address l		# 6
		28
Name of New Registered Agent:		With the second
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Cin	Zin Cada

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>	Name	Address	Type of Action
MGR	Alan Carver	10433 Garda Drive	
		Trinity FL 34655	
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			
			□ Remove
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Effective date, if other than the fan effective date is listed, the date must	e date of filing:	date of filing or more than 90 da	(optional)	to 605 02(
Note: If the date inserted in this bl	lock does not meet the applicable	e statutory filing requiremen	ts, this date will not	be listed a
document's effective date on the D	repartment of State's records.			
ne record specifies a delayed The 90th day after the rec	d effective date, but not a cord is filed.	an effective time, at 12	:01 a.m. on the	earlier
November 30	2017			
Dated	·			
Year.	arvei			
104000				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00