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COVER LETTER

	egistration Sectivision of Corp			
SUBJECT	Global-Nati	onal, LLC		
oonsi.ci	•		nited Liability Company	- "
		Amendment and fee(s) are sub	•	
		Paul Basso	g.	
			Name of Person	
		Global-National, LLC		
			Firm/Company	
		1965 A1A South		
			Address	
		St. Augustine, FL 32080		
		pb765@att.net	City/State and Zip Code	
		_	to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please c	ali:	
Paul Basso)		904 501-5218 at ()	
Name of Person Area Code Daytime Telephone			Telephone Number	
Enclosed is	s a check for th	e 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global-National, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Hability Company)		
The Articles of Organization for this Limited I	Liability Company	were filed on February 21, 2012 and assign	ned	
Florida document number L12000024886	 -			
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited liabi	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C	J."	
Enter new principal offices address, if appli	cable:	1965 ATA South		
Principal office address MUST BE A STRE	ET ADDRESS)	St. Augustine, Fl. 32080		
Enter new mailing address, if applicable:		1965 A1A South		
Mailing address MAY BE A POST OFFICE	E ROY	St. Augustine, FL 32080		
Mutaig dutress MAT BE A 1 031 OFFICE	<u>, </u>			
B. If amending the registered agent and registered agent and/or the new registered of		fice address on our records, enter the name of	1	
Name of New Registered Agent:	Paul Basso		記って	
New Registered Office Address:	1965 A1A Sout	h	2.2	
		Enter Florida street address		
	St. Augustine	, Florida ³²⁰⁸⁰		
		City Zin 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 Action
MGR	Paul Pluchino	115 Sunset Harbor Way, #203	
		St. Augustine, FL 32080	
			Remove
MGRM	Pauline Pluchino	115 Sunset Harbor Way, #203	D 144
		St. Augustine, FL 32080	
			■ Remove
			Change
			Add
			☐ Remove
			Change
			☐ Remove
			□ Remove
			Change
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			□ Remove
			☐ Change

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E. Effective date, if other (If an effective date is listed, the Note: If the date inserted document's effective date	he date must be specific I in this block does no	and cannot be prior to t meet the applica	o date of filing or mo	(optional) te than 90 days after filing.) F requirements, this date w	Pursuant to 605.0207 (3)(lill not be listed as the
If the record specifies a (b) The 90th day after	delayed effective the record is file	e date, but not ed.	an effective tir	me, at 12:01 a.m. or	n the earlier of:
Dated September 26		2019			
17atcu		_·	_ ·		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00