

L12000106121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

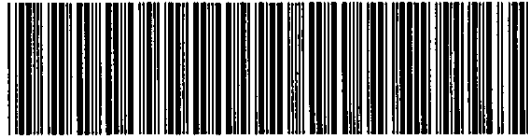
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 MAR 17 PM 12:09
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JAIL APASSULT FLORIDA

APR 08 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Global Savings Enterprise 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:

Monica Mitchell

Name of Person

Firm/Company

8540 Egret Lakes Lane

Address

West Palm Beach, FL 33412

City/State and Zip Code

monicamitchell-usa@hotmail.com

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

For further information concerning this matter, please call:

Monica Mitchell

Name of Person

at (561)

Area Code

373-8042

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CLERK OF STATE
TALLAHASSEE, FL 32304

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**TO
ARTICLES OF ORGANIZATION
OF**

Global Savings Enterprise 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 Aug 16, 2012 and assigned Florida document number L12000106121.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

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

Authorized Member 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>
MGR	Monica Mitchell	8540 Egret Lakes Ln	<input type="checkbox"/> Add
		W. Palm Beach, FL 33412	<input checked="" type="checkbox"/> Remove
MGRM	Monica Mitchell	8540 Egret Lakes Ln	<input type="checkbox"/> Add
		W. Palm Beach, FL 33412	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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APR 17 PM 12:09
CLERK OF SUPERIOR COURT
PALM BEACH COUNTY, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Mar 13, 2015.



Signature of a member or authorized representative of a member

Monica Mitchell

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE FL 32309