

213600017636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

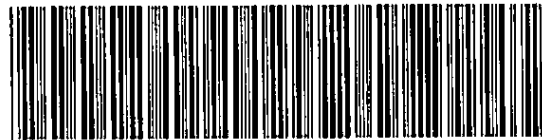
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21 MAR 22 PM 11:06
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CS Global Networks 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:

Dr. Norberto Cruz, Jr

Name of Person

Cs Global Networks LLC

Firm/Company

12486 Briarwood Ln

Address

Jacksonville, FL 32258

City/State and Zip Code

drrodcruz@gmail.com

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

For further information concerning this matter, please call:

Norberto Cruz, Jr. 904 477-3114

Name of Person at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

21 MAR 22 AM 11:06

CS Global Networks 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 Feb 4, 2013 and assigned
Florida document number L13000017636.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

CS Global Networks LLC

(Principal office address MUST BE A STREET ADDRESS)

630 Kingsley Ave

Orange Park, FL 32073

Enter new mailing address, if applicable:

12486 Briarwood Ln

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32258

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:

Dr. Norberto Cruz, Jr.

New Registered Office Address:

12486 Briarwood Ln

Enter Florida street address

Jacksonville

City

Florida 32258

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

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SECRETARY OF STATE
DIVISION OF CORPORATION

21 MAR 22 AM 11:06

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ray Sales	6001 Argyle Forest Blvd	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32244	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Navin Suvama	10506 Shamrock Rd	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Norberto Cruz, Jr	12486 Briarhead Ln	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32258	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

FILED
CLERK OF STATE
DIVISION OF CORPORATION

21 MAR 22 AM 11:06

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

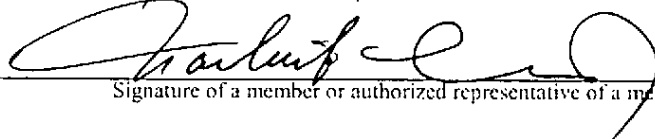
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

March 17, 2021



Signature of a member or authorized representative of a member

Norberto Cruz, Jr

Typed or printed name of signee

Filing Fee: \$25.00