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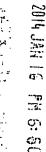
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COVER LETTER

TO: Registration Section
Division of Corporations

FIRST GLOBAL SERVICES AND INVESTMENT, 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:

CHAVANES, DESTINVAL

Name of Person

Firm/Company

P.O.BOX. 681258

Address

MIAMI, FL 33168

City/State and Zip Code

INVESTMENTANDSERVICES@GMAIL.COM

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

For further information concerning this matter, please call:

CHAVANES, DESTINVAL

_{.,},786,556-6688

Name of Person

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/COURIER ADDRESS:

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

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

FIRST GLOBAL SERVICES AND INVESTMENT, 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 Florida document number L13000173725	were filed on 12/17/2	013	and assi	igned
riorida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and end with the words "Lime"L.L.C."	ited Liability Company," tl	he designation "L	LC" or the a	bbreviation
Enter new principal offices address, if applicable:			<u>.</u>	
(Principal office address MUST BE A STREET ADDRESS)			•	
	-,	<u>!</u>	20	
		** **	\$	" ለጎ
Enter new mailing address, if applicable:				• 1
(Mailing address MAY BE A POST OFFICE BOX)			97	
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		,	er en	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ecords, <u>enter tl</u>	ne name of	the new
	-			•
Name of New Registered Agent:				
New Registered Office Address:	Enter Flo	orida street addr	ess	
		Elovido		
	City	, Florida	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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JEAN JONEL MOROSE	258 NW 111 STREET	Add
		MIAMI SHORES, FL 3316	8 Remove
MGRM	JEAN, ROBERT BORDES	13625 NE 6 Ave. Apt. #10	5
		NORTH MIAMI, FL 3316	1 Remove
	***************************************		Add
			Remove
<u> </u>			— ∰ Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Remove
		•	Remove

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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ated	Tanuary 10, 2014.
	Signature of a member or authorized representative of a member
	CHAVANES, DESTINVAL
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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