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



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2022 SEP -9 PM 2: 42 SECRETA OF STATE TALLAVIA ISCE, FL

COVER LETTER

Division of Co				
SUBJECT:	Globa	2/ Promo LLC		
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
		anjay Srinivas an	<u> </u>	
	<u> </u>	lobal Promo, LLC	-	
	153	5 5W 344R S4	inet	
	Orla	endo, FL 32811 City/State and Zip Code	·····	
	Sanja E-mail address: (4@ globalgifts/10.co	m hon)	
For further information of	concerning this matter, please c	all:		
Sanjan	Srinivasam of Person	at (<u>H07)</u> 709 – 8 Area Code Daytime Te	chephone Number	
Enclosed is a check for t	he 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 Addres Registration 9 Division of C	Section Corporations	Street Address: Registration Section Division of Corpor	rations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 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

Title	Name	Address	Type of Action
MGR	Kamakshi Srinivasan	4535 SW 344R Street	🗆 Add
		Orlando, FL 32811	T Remove
			Change
<u>AMBR</u>	Sai Siddharth G Srinivasa	n 4535 SIV 344A Street	(FAdd
		Orlando, FL 32811	□Remove
			□Change
			2022 GEP -9 PH 2: 42 SECRETA GRAVE OF STATE STA
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			70

					
					
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Effective date, if of	her than the date o	of filing:		Contions	D
f an effective date is lis	ed, the date must be spec	cific and cannot be prior	to date of filing or more	than 90 days after filir	l) ng.) Pursuant to 605.0207
document's effective	date on the Departme	is not meet the applic ent of State's records.	able statutory filing re	quirements, this da	te will not be listed as
record specifies a de	clayed effective date, l	but not an effective ti	ime, at 12:01 a.m. on t	he earlier of: (b) 1	The 90th day after the
d is filed.					
Dated		,	·		
	<u> </u>				
	Signatu	re of a member or autho	prized representative of a	member	
	-		•		
			Srinivae		