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COVER LETTER

Division of Corporation	ons and a second se	
SUBJECT: Globe	ul Visionaries LLC	
	Name of Limited Liability Company	
The enclosed Articles of Amend	ment and fee(s) are submitted for filing.	
Please return all correspondence	concerning this matter to the following:	
•		
	Katherine Tincher Name of Person	
	Name of Person	
	Global Vision aries LLC	_
	Firm/Company	
	3020 Sunset Rd.	
	Address	
	Ft. myers, FL 33901 City/State and Zip Code Catherine.m. tin Cher @ gmail. com	
	City/State and Zip Code	_
		V 5. 2
	E-mail address: (to be used for future annual report notification)	
For further information concerni	ng this matter, please call:	THE JAN -4
1/4	000 010 000	
Katherine Tir		
Name of Person	Area Code Daytime Telephone Numb	
		O
Enclosed is a check for the follo	wing amount:	ω
	30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 F	Gling Ray
ш 323.00 Fining Fee да 3.	Certificate of Status Certified Copy Certified (additional copy is enclosed) Certified Certified Copy	ate of Status &
		•

MAILING ADDRESS:

TO:

Registration Section

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	Visiona	ries LLC				
		ny as it now appears on o iability Company)	ur records.)		_	
The Articles of Organization for this Limited L. Florida document number <u>L140001701</u>	96	were filed on	31-2014	and	l assig	ned
This amendment is submitted to amend the foll A. If amending name, enter the new name of	· ·	lity company here:				
The new name must be distinguishable and contain the v	vords "Limited Liabili	ty Company," the designa	tion "LLC" or the	abbreviation	ı "L.L.(C."
Enter new principal offices address, if applic	able:			-:,	2	
(Principal office address MUST BE A STREE	T ADDRESS)				<u>.</u>	127
Enter new mailing address, if applicable:					J 가 - 바 P	m
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			200	- -	[*****]
				2 1 1 ·	.03	
B. If amending the registered agent and registered agent and/or the new registered o	ffice address here	;		r the nai	ne of	the new
Name of New Registered Agent:	Christo	pher G. E Insettia Au	Bostic			
New Registered Office Address:	519 Poi	Enter Florida str	eet address			
	Lehigh	Acres	Florida _	339	.12	<u> </u>
	ŭ	City		Zip Ce	nde	

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>	Name	Address	Type of Action
mgr.	Katherine Tincher	2260 First St. #216	Add
		Ft. myers, FL 33901	Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Remove []
			🗆 Add
			Change
			🗆 Add
			□ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if r	iecessary.j	
	 	
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	<u> </u>	Sales and
	- <u>·</u> ω	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	ptional) after filing.) Pursuant to 605.020 this date will not be listed a)7 (3)(is the
If the record specifies a delayed effective date, but not an effective time, at 12:0 (b) The 90th day after the record is filed.	1 a.m. on the earlier o	of:
Dated December 27 2018.		
Signature of a member or authorized representative of a member		
Katherine Tincher		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00