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COVER LETTER

	stration Section ion of Corporations
SHRIGGT	Name of Limited Liability Company
SÓDIECT	Name of Limited Liability Company
The enclosed.	Articles of Amendment and fee(s) are submitted for filing.
Please return a	all correspondence concerning this matter to the following:
	CATHERINE DOTT Name of Person
	Name of Person
	GLOBAL BOUQUET LLC Firm/Company
	Firm/Company
	8400 NW 33 ST # 405
	9400 NW 33 ST # 405 Address
	DORAL FL. 33122 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
CATH	ERINE DOTT at (305) 599-8258 Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:
⊠ \$25.00 Fi	ling Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Reg Div P.O	ing Address: istration Section Registration Section Division of Corporations Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL.	BONQUET LLC 2020 1 1121 24 1:28
(<u>Name of the Limited Liabili</u> (A Florid:	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L1400017 6 332</u>	Company were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
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.

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>	<u>Name</u>	Address	Type of Action
<u>MGR</u>	JUAN PABLO MONTOYA	8400 NW 33 ST \$ 405 DORAL, FL 33/22	X Add
			□Remove
			□Change
MGR	STEVEN ROSENBLUTH		□Add
		8400 NW 33 rd ST # 405 DORAL FL 33 122	Remove
			□Change
			□ Add
			□Remove
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record s	specifies a delayed effectiv	/e date, but no	t an effective t	me, at 12:01 a.	m. on the earlie	r of: (b) The 90	Oth day after the
ated	JANUARY	/ G	, 2020	b WOM	sing of a month		
	JUAN P	ABLO P	70NTOVA	7			