

L15 000048569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

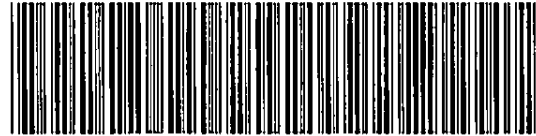
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301-0001

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GLOBAL LM 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:

LUIS R LIZARRAGA

\_\_\_\_\_  
Name of Person

GLOBAL LM LLC

\_\_\_\_\_  
Firm/Company

8601 NW 27th STREET, SUITE 051-513613

\_\_\_\_\_  
Address

DORAL, FL 33122

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

LUIS R LIZARRAGA

786 546-1172  
at ( )

\_\_\_\_\_  
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

GLOBAL LM 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 03/18/2015 and assigned  
Florida document number L15000048569.

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:  
(Principal office address **MUST BE A STREET ADDRESS**)

230 NW 109th AVE UNIT No. 3-105  
Miami FL 33172

Enter new mailing address, if applicable:  
(Mailing address **MAY BE A POST OFFICE BOX**)

8601 NW 27th STREET SUITE 031-513613  
DORAL, FL 33122

**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:

LUIS R LIZARRAGA

New Registered Office Address:

230 NW 109th AVE UNIT No. 3-105

*Enter Florida street address*

Miami

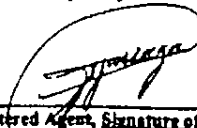
*City*

Florida 33172

*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

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TALLAHASSEE, FLORIDA  
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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>	<u>Address</u>	<u>Type of Action</u>
MGRM	LUIS R LIZARRAGA	7928 East Dr No. 804	<input type="checkbox"/> Add
		North Bay Village, Fl 33141	<input checked="" type="checkbox"/> Remove ✓
			<input type="checkbox"/> Change
MGRM	LUIS R LIZARRAGA	230 NW 109th Ave No. 3-105	<input checked="" type="checkbox"/> Add ✓
		Miami, Fl 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Rhaiza Matos de Lizarraga	7928 East Dr No. 804	<input type="checkbox"/> Add
		North Bay Village, Fl 33141	<input checked="" type="checkbox"/> Remove ✓
			<input type="checkbox"/> Change
MGRM	Rhaiza Matos de Lizarraga	230 NW 109th Ave No. 3-105	<input checked="" type="checkbox"/> Add ✓
		Miami, Fl 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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.

(b) The 90th day after the record is filed.

Dated November 16 2017

November 16

X               

Signature

Signature of a member or authorized representative of a member

LUTS R LIZARRAGA

Typed or printed name of signee