L15000 83914

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SECRETARY OF THIS

COVER LETTER

TO:	Registration Sec Division of Corp		٠				
		GLOBAL 1	MASTER 707 LLC				
SUBJ	Name of Limited Liability Company						
		Amendment and fee(s) are subnindence concerning this matter to					
		OSV	ALDO MARTINEZ				
			Name of Person				
		O&J PROFE	SSIONAL SERVICES INC				
			Firm/Company				
		13550	SW 88 ST STE 150				
			Address				
			MIAMEEL 33186				
			City/State and Zip Code				
			DEMARTINEZ@AOL.COM be used for future annual report not	(fication)			
For fi	irther information c	oncerning this matter, please ca	II:				
	OSVALDO M.	ARTINEZ	305 446-4006				
	Name o	of Person	at () Area Code Daytin	ne Telephone Number			
Enclo	sed is a check for the	he following amount:					
B S	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)			
		ING ADDRESS:	STREET/COUR Registration Secti	HER ADDRESS:			

Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL MASTE	R 707 LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear liability (ompany)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L15000083914	were filed on	05/12/2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liah</u>	ility company he	<u>re</u> :	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company." the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) ganization for this Limited Liability Company were filed on		
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH FL	33015	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on e:	our records, <u>ente</u>	r the name of the ne
New Registered Office Address:	Enter Flor	cida street address Florida _	FLOR
	City		Gozap Codie

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 Type of Action Address **Title** Name _□ Remove □ Change ☐ Remove ☐ Change _ 🗆 Add _□ Change □ Add ☐ Remove ☐ Change ☐ Remove _□ Change \square Add □ Remove

_ Change

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Tective date, if one offective date is lister. If the date insecument's effective	sted, the date must serted in this blo	he specific and co ick does not mei	annot be prior to et the applicab	date of filing or	r more than 90 da	(optional) ys after filing, its, this date	Pursuant to 6 will not be li	05.02 sted
record specifi The 90th day a	es a delayed after the reco	effective dat ord is filed.	te, but not	an effective	e time, at 12	!:01 a.m.	on the ear	lier
ted	4/25/1	18		_ ·				
	/	F1.	\)				
		Signature of a mo	mher or authori	zed rennesentat	ive of a member			

Page 3 of 3

Filing Fee: \$25.00