

LIS000127545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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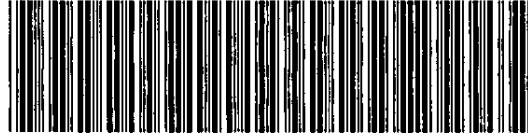
(Business Entity Name)

(Document Number)

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2015 SEP -4 PM 12:40
RECEIVED OF STATE
TALLAHASSEE, FL 32304

SEP - 6 2015

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Global Management & Investment Services
Name of Limited Liability Company LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Oscar Payot
Name of Person

Firm/Company

3170 Siena Cir
Address

Wellington FL 33414
City/State and Zip Code

oscarpayot@mac.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oscar Payot at (561) 3103974
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

**TO
ARTICLES OF ORGANIZATION
OF**

Global Management + Investment Services 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 7-27-2015 and assigned
Florida document number L15000127545.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Oscar Payot	3170 Siena Cir Wellington FL 33414	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	Carlos E. Borges	3170 Siena Cir Wellington FL 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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2015 SEP -4 PM 12:40

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 09.03.2015, _____

Typed or printed name of signee