

L16000014666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

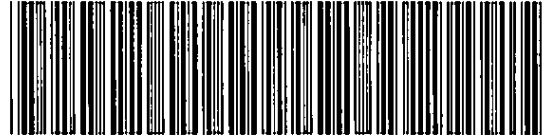
(Business Entity Name)

(Document Number)

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2020 AUG -3 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FL

SEP 2 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3A GLOBAL, 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:

MARIA BERNARDA CABEZA GORDILLO

Name of Person

3A GLOBAL, LLC

Firm/Company

5300 NW 85 AVENUE #1009

Address

DORAL FL 33166

City/State and Zip Code

manager@datapro-services.com

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

For further information concerning this matter, please call:

MARIA BERNARDA CABEZA GORDILLO

754

2319038

Name of Person

at (_____) _____
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

3A GLOBAL, 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 01/21/2016 and assigned Florida document number L16000014666.

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)

5300 NW 85 AVENUE # 1009

DORAL FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5300 NW 85 AVENUE # 1009

DORAL FL 33166

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CLERK OF STATE
TALLAHASSEE, FL

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:

MARIA BERNARDA CABEZA GORDILLO

New Registered Office Address:

5300 NW 85 AVENUE #1009

Enter Florida street address

DORAL

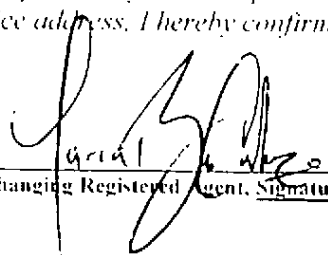
Florida 33166

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

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>
MGR	HILDA FLOREZ ARAQUE	10870 PACIFICA WAY	<input type="checkbox"/> Add
		PARKLAND FL 33076	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA B CABEZA GORDILLO	5300 NW 85 AVENUE #1009	<input checked="" type="checkbox"/> Add
		DORAL FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE
TALLAHASSEE, FL

DE

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.

Dated JULY 27 2020

Signature of a member or authorized representative of a member

MARIA BERNARDA CABEZA GORDILLO

Typed or printed name of signee

Filing Fee: \$25.00