## 116000040846

(Re	questor's Name)
(A.	
(Ac	idress)
(Ac	dress)
·	,
(Ci	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(В	usiness Entity Name)
(Di	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
]	
	Office Use Only



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## COVER LETTER

то:	Registration S Division of Co	Section orporations		
		OBAL COMPANY, LLC		
SUBJE	.,1:	Name of Lim	ited Liability Company	
The enc	losed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all corres	oondence concerning this matter	to the following:	
		PEDRO HERNANDEZ		
			Name of Person	
		SAW GLOBAL COMPA	NY, LLC	
		<del></del>	Firm/Company	
		3885 W WHITEWATER	AVENUE	
			Address	
	l	WESTON, FL 33332		
			City/State and Zip Code	
		INFOPHI@GMAIL.COM		
			to be used for future annual report no	tilication)
For furt	her information	concerning this matter, please o	all:	
PEDRO	) HERNANDE	Z i	305 761-2710 at ()	
	Name	of Person	Area Code Daytii	me Telephone Number
Enclose	d 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)
		LING ADDRESS: stration Section	STREET/COUF Registration Sect	RIER ADDRESS:
	Divis	ion of Corporations Box 6327	Division of Corp Clifton Building	
		nassee, FL 32314	2661 Executive C Tallahassee, FL	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAW GLOBAL COMPANY, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number 116000040846	were filed on FEBRUARY 26, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabit	ity 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)	
	~ <del>7</del>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u></u>
	110N 52
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address her	<u>e</u> :
Name of New Registered Agent:	
Name of right registered right.	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zıp Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and orovided for in Chapter 605, F.S. Or, if this document is

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 Authorized Member			
<u>Title</u>	Name	Address	Type of Action	
MGR	YORDANY LUDEIRO	3885 W Whitewater Avenue, Weston, FL	□ Add	
			Remove	
			☐ Change	
		<del></del>		
			□ Remove	
		<del></del>	Change	
		<del>-</del>		
			□ Remove	
			Change	
			Remove	
			Change	
			☐ Remove	
			Change	
			□ Remove	
			☐ Change	

D.	If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)	
-			
	-		
			SIAID
		18 AUG 23	SECRETARY OF STATE DIVISION OF CORPORATIONS
		PH 3	47 OF S
		: 52	ALION
			7.6
E.	Note: If the date i	other than the date of filing:	.0207 (3)( ed as the
If (b	the record spec ) The 90th day	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie after the record is filed.	er of:
	Dated AUGUST	2018	
		Signature of a member or authorized representative of a member  PENWEZ  Typed or printed name of signee	
		Typed of printed name of signee	

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Filing Fee: \$25.00