## L16000012847

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
<u> </u>

Office Use Only



300439499623

11/19/24 -01016---028 \*\*25.00

FILED
2025 JAN 24 PM 1: 05

## **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

	dence concerning this matter  Joan Barrientos  Gloval Displays, INC	-	
Please return all correspond	Joan Barrientos  Gloval Displays, INC	Name of Person	
	Gloval Displays, INC		
		Firm/Company	
		Firm/Company	
	1100 NW 159th Drive		
		Address	
	Miami Gardens	331k	9
		City/State and Zip Code	
	joan@glovaldisplays.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information cor	ncerning this matter, please ca	all:	
Joan Barrientos		at (786 ) 5203675	
Name of I	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	following amount:		
<b>■ \$25.00</b> Filing Fee	☐ \$30.00 Filing Fee &	Figs 00 Billion Roa &	□ 640.00 Eilim Ess
= \$25.00 Tilling Fee	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Se Division of Con		Registration Sec Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



December 17, 2024

JOAN BARRIENTO 1100 NW 159TH DRIVE MIAMI GARDENS, FL 33169

SUBJECT: HT INTERNATIONAL EXHIBITIONS LLC

Ref. Number: L16000072847

We have received your document for HT INTERNATIONAL EXHIBITIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 724A00027317

Neysa Culligan Regulatory Specialist III

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

411 International Exhibitios LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	my were filed on April 13.2016	and assigned
Florida document number 1.16000072847		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
he new name must be distinguishable and contain the words "Limited Li	iability Company." the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
Principal office address MUST BE A STREET ADDRESS,		
Enter new mailing address, if applicable:		
Mailing address MAY BE A_POST QFFICE BOX)		
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	e name of the new registo
Name of New Registered Agent:		
New Registered Office Address:		
The registered office / Marcos	Enter Florida street address	
	Flori	ida
	Cuy	ida Zıp 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 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>	Address	Type of Action
President	Joan Barriemos	1100 NW 159th Drive Miami GArdens, Fl 33169	<b>=</b> Add
			TRemove
			□Change
AP	CULDA, DORIN C, AP	19755 SW 110TH CT 610 Cuttler Bay, FL 33157	
			<b>≅</b> Remove
		<del></del>	□Change
AMBR	CULDA, DORINA STELA	7TH TUSNAD ST. BUILDING 523 SECTION A.	API ∐Add
			=Remove
			= Change
			= Add
			TRemove
			\BChange
			JAdd
			□Remove
			□Change
	<del></del>		= Add
			Remove
			I Change

<del></del>			<del> </del>				_
	<del></del>						
				. <u> </u>			<del></del>
							_
-							_
							_
							_
	<del></del>	·	<del></del>				<del></del>
					ΙÃ	2	_
	<u>-</u> v	· · · · · · · · · · · · · · · · · · ·				2025	——————————————————————————————————————
				,	AHAS	JAN	
					<u> </u>	24	
					Mar Mar	PH	
	<del></del>				i ATE	-: 0	
					D <sub>I</sub> m	_05_	_
							_
ffective date, if other an effective date is listed, the lote: If the date inserted ocument's effective date	l in this block does no	ot meet the applic	able statutory fil	(op) more than 90 days aft ing requirements, th	tional) er tiling.) Purs nis date will	suant to 6 not be li	05.0207 isted as
record specifies a delaye I is filed.	ed effective date, but a	not an effective t	ime, at 12:01 a.m	n. on the earlier of: (	(b) The 90t	h day af	ter the
ated November 7		2024	 T				
	IVI	ANTRIIN	75 <u>4</u>				
	Signaturo	f a member or auth	orized representati	ve of a member			