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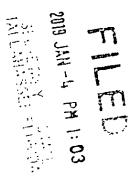
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO:	Registration Sec Division of Corp				
		RADING LLC			
SUB.	IECT:				
The e	nclosed Articles of A	tmendment and fee(s) are sub	mitted for filing.		
Please	e return all correspon	dence concerning this matter	to the following:		
		BRIAN ZIRULNIKOFF			
			Name of Person		
		GLOVAL TRADING LLC	2		
	Firm/Company				
Address					
		AVENTURA, FL 33180			
		JEASAENZ@YAHOO.CO	City/State and Zip Code M.AR		
		E-mail address: (to be used for future annual report notification	22	
For fu	ırther information co	ncerning this matter, please ca	all:	2019 JAN -	U
BRIA	AN ZIRULNIKOFF		305 469 1466		
	Name of	Person	Area Code Daytime Telep	hone Number	
Enclo	sed is a check for the	following amount:		3	
≅ \$:	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOVAL TRADING LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) _____ and assigned Florida document number <u>L16000175603</u> 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 640 SOUTH PARK ROAD Enter new mailing address, if applicable: HOLLYWOOD, FL 33021 (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: JORGE ENRIQUE SAENZ Name of New Registered Agent: 640 SOUTH PARK ROAD New Registered Office Address: Enter Florida street address

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.

HOLLYWOOD

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BRIAN ZIRULNIKOFF	17570 ATLANTIC BEVD SUITE 507	
		SUNNY ISLES BEACH, FL 33160	■ Remove
			Change
MGR	PABLO HORACIO FERREIRA	640 SOUTH PARK ROAD	⊟ Add
		HOLLYWOOD, FL 33021	Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Add T
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fective date, if other than the dan effective date is listed, the date must bote: If the date inserted in this block cument's effective date on the Dep	k does not meet the ap	plicable statutory	or more than 90 days after filing requirements, thi	r filing.) Pursuant is date will not b	to 605,0207 be listed as
record specifies a delayed of The 90th day after the recor		not an effectiv	ve time, at 12:01	a.m. on the ϵ	earlier of
DECEMBER 28	2018				
	2/1				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00