

L16000219032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

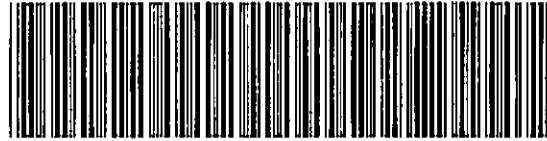
(Business Entity Name)

(Document Number)

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22 OCT 24 PM 5: 19
DIVISION OF CORPORATIONS
STATE OF OREGON

COVER LETTER

TO: Registration Section
Division of Corporations

RECEIVED

SUBJECT: GLOBAL PRESENCE ENTERPRISE LLC
Name of Limited Liability Company

2022 JUL 11 PM 1:19

SECRET

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

Please return all correspondence concerning this matter to the following:

Jack Hakimian
Name of Person
Global Presence Marketing
Firm/Company
8362 Pines Blvd. #116
Address
Pembroke Pines
City/State and Zip Code
jack@gp.marketing
E-mail address: (to be used for future annual report notification)

22 OCT 24 PM 5:19
SECRET
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Jack Hakimian 954 6706327
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2022

JACK HAKIMIAN
8362 PINES BLVD
#116
PEMBROKE PINES, FL 33024

SUBJECT: GLOBAL PRESENCE ENTERPRISE LLC
Ref. Number: L16000219032

We have received your document for GLOBAL PRESENCE ENTERPRISE LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$60.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall
OPS Clerk

Letter Number: 122A00021636

22 OCT 24 PM 5:19
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

SEP 24 2022

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

GLOBAL PRESENCE ENTERPRISE 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 04/11/2022 and assigned Florida document number L16000219032.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GLOBAL PRESENCE ENTERPRISES LLC

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)

22 OCT 24 PM 5:20
DIVISION OF CORPORATE & ORGANIZATIONAL SERVICES

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

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>
CSO	Jacob Hakimian	8362 Pines Blvd #116 Pembroke Pines, FL 33024	<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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22 OCT 24 PM 5:28
DIVISION OF CURRICULAR SERVICES
STAFF

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

22 OCT 24 PM 5:20
DIVISION OF STATE
REGISTRATION

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 17, 2022

Signature of a member or authorized representative of a member

Jack Hakinian

Typed or printed name of signee

Filing Fee: \$25.00