L17000066619

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(Bocament Namber)
Catification of Change
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
ļ

Office Use Only



900328406309

05/03/19--01014--022 **25.00

MAY 1 5 2019 S. YOUNG



COVER LETTER

10;	Division of Con			
SUBJE		associates RE, LLC		
JOBSE	C1.	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
	•	Thomas R. Roberts	Ü	
		Sterall & Associates RE, L	Name of Person	
		1660 NW 19th Avenue	Firm/Company	
		Pompano Beach, FL 33069	Address	
		trrccycle@aol.com	City/State and Zip Code	<u> </u>
For furt	her information c	E-mail address: (concerning this matter, please ca	to be used for future annual report notifiall:	ication)
Thomas	R Roberts		954 931-1032 at ()	
	Name o	f Person		Telephone Number
Enclose	d is a check for the	he 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sterall & Associates RE, LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records. Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on March 23, 2017 and assigned
Florida document number L17000066619	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
Global W2E, LLC	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1660 NW 19th Avenue
Principal office address MUST BE A STREET ADDR	ESS) Pompano Beach, FL 33069
Enter new mailing address, if applicable:	NA 星
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
3. If amending the registered agent and/or regist egistered agent and/or the new registered office addr	tered office address on our records, enter the name of the ress here:
Name of New Registered Agent: NA	
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 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>	Type of Action
NA			
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Remove
			Change

			□ Remove
			Change
			
			☐ Remove
		-	☐ Change
			Add
		-	□ Remove
		<u> </u>	Change

		-,. .	 -		-		
	·						
						·	
-							
					-		
		·			· ·	-1	

						•	
							· · ·
				.			
						· - · ·	
	<u> </u>			.			
			· ···· ···				
			March 15, 20				
fective dat	e, if other than t	ne date of filing	:			(optional)	
ote: If the	te is listed, the date π ate inserted in this	block does not m	cannot be prior t ect the annlica	o date of filing o ble statutory fi	r more than 90 da ling requiremen	ys after filing.) Pur	suant to 605.0207
cument's e	fective date on the	Department of St	ate's records.	one summony in	ing requiremen	us, uns date will	not be fisted as
record s	pecifies a delay	ed effective d	ate but not	an effective	atimo at 12	:01 a.m. on :	tha antliat a
The 90th	day after the re	ecord is filed.	ic, but not	on checure	s time, at 12	.01 a.m. on	ine earner o
April 3	O	\wedge	2019				
tod '		//)———				
ited	/ 11	, , ,					
ited)hans	$_{\sim}VK$	Pot	\neg			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00