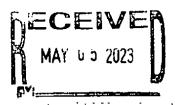
# L17000135290

(Requestor's Name)
(
(Address)
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S. ROBERTS
JUN 2 3 2023

## **COVER LETTER**

TO: Registration Section
Division of Corporations

### SITE BLOCKCHAIN LLC

SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	<u>-</u>	
	PEDRO LATOUCHE		
		Name of Person	
		Firm/Company	<del></del>
	7205 NW 19TH ST SUITE		
	MIAMI, FLORIDA. 33126	Address	
	globallyagent@gmail.com	City/State and Zip Code	
	E-mail address: (1	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	ill:	
PEDRO LATOUCHE		305 6842361	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SITE BLOCKCHAIN LLC		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our record- limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Co Florida document number L17000135290	empany were filed on 06/13/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
GLOBALLY FINANCE LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.I.,C."
Enter new principal offices address, if applicable:		20"
Principal office address MUST BE A STREET ADDRE		:::
Trincipal office address Prost DE (151REE1 /100RE		:
Enter new mailing address, if applicable:		N
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter (</u>	the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	,
	, Flo	orida
<del></del>	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 alrending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added for removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			Change
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			□Change
			□Add
			Remove
			□ Change

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reffectiv <u>te:</u> If th	date, if other than the date of filing:
annone .	s criedite dute on the Department of State 3 records.
	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
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is filed.	Signature of a member or authorized representative of a member