417 000 135 290

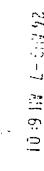
(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Degument Number)
(Document Number)
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COVER LETTER

TO:	Registration So Division of Cor			
	GLOBALL	Y FINANCE LLC		
SUBJE	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		PEDRO LATOUCHE		
			Name of Person	
		GLOBALLY FINANCE L	LC	
			Firm/Company	
		7205 NW 19TH ST, SUITI	E 401	
		· · · · · · · · · · · · · · · · · · ·	Address	
		MIAMI, FLORIDA, 33126	,	
		globallyagent@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	fication)
For fur	ther information c	oncerning this matter, please ca	all:	
PEDRO) LATOUCHE		305 684-2361	
-	Name e	of Person	at () Area Code Daytim	ne Telephone Number
Enclose	ed is a check for t	he following amount:		
□ \$2	5.00 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

GLOBALLY FINANCE LLC	
(<u>Name of the Limited Liability Con</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number	any were filed on and assign
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	iability 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)	2
	•
Enter new mailing address, if applicable:)
Mailing address MAY BE A POST OFFICE BOX)	
	<u>ن</u>
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 the name of the new r</u>
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 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> MGR	<u>Name</u> Julio Rodriguez	Address 7205 NW 19th St. suite 401. Miami, Florida, 33126	Type of Action
			□Add
			Remove
			□Change
			🗀 Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
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			🗆 Remove
			□Change

	
	
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-	
If an effective da Note: If the d	e, if other than the date of filing:
e record specif rd is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	08/02 2024 Raturf.
	Rhatay .
	Signature of a member or authorized representative of a member
	Pedro Latouche
	Typed or printed name of signee