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Effective- 09/15/2018

SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPT SEP 12 2018

## **COVER LETTER**

		Solutions, LLC		
SUBJEC	ľ: <u></u>	Name of Limi	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Matthew Olenick		
	Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  Be return all correspondence concerning this matter to the following:    Matthew Olenick	,,,,,-		
		MB Global Solutions, LL	С	
			Firm/Company	<del></del>
Bivision of Corporations  MB Global Solutions, LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Matthew Olenick  Name of Person  MB Global Solutions, LLC  Firm/Company  412 Sierras Loop  Address  St Augustine, FL 32086  City/State and Zip Code mbtravel63@att.net  E-mail address: (to be used for future annual report notification  For further information concerning this matter, please call:  Matthew Olenick  Name of Person  Address  Firm/Company  Address  St Augustine, FL 32086  City/State and Zip Code mbtravel63@att.net  E-mail address: (to be used for future annual report notification  For further information concerning this matter, please call:  Matthew Olenick  Name of Person  Area Code  Daytime Telepi  Enclosed is a check for the following amount:  S25.00 Filing Fee  S30.00 Filing Fee S55.00 Filing Fee & Certified Copy				
			Address	
		St Augustine, FL 32086		
		mbtravel63@att.net	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For furthe	er information c	oncerning this matter, please ca	all:	
Matthew	Olenick			
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

MB Global Solutions, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on July 27, 2017		and assigned
lorida document number L17000161867		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		TA NISE
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nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<b>5</b>
dunies Mili Bani Obi Ot 1102 Non		<u>. 35</u>
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		r the name of the
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

Barbara Olenick 412 Sierras Loop	MGR = M AMBR = A	lanager authorized Member		
St Augustine, FL 32086  Remove  Change  Add  Remove  Change  Add  Remove  Change  Add  Change  Add  Change  Add  Change  Add  Change	<u> Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Change	AMBR		412 Sierras Loop St Augustine, FL 32086	Add
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ffec	tive date, if other than the date of filing: September 15, 2018 (optional)		
iote:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu II the date inserted in this block does not meet the applicable statutory filing requirements, this date will need a effective date on the Department of State's records.		
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	e earl	lier
ated	September 15, 2018		
	1		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00