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BON HAME

R. HUNT C 2/27/23

COVER LETTER

TO: Registration Division of	n Section Corporations			
	bal Partners LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub-	omitted for filing.		
	spondence concerning this matter	-		
	Patsy Grant			
		Name of Person		
				*~3 **3
		Firm/Company		(C)
	560 Princess Drive			. 65 . 23
		Address		7 P
	Margate, FL 33068			PH I CO
		City/State and Zip Code	<u></u>	<u> </u>
	pgrant32@yahoo.com			
	E-mail address:	to be used for future annual report notifi	cation)	
For further information	on concerning this matter, please of	all:		
Patsy Grant		954 461-6542 at ()		
Nan	ne of Person	Area Code Daytime	Telephone Number	_
Enclosed is a check for	or 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 Certificate of Certified Cop (additional copy)	Status &
P.O. Box 6	on Section f Corporations	Street Address: Registration Section of Corporation of Corporation of Tallahassee, FL 18	oorations allahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GP Global Partners LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recordinability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 11/15/2017	and assigned
lorida document number L17000241546		
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
22 Global LLC.		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2114 N. Flamingo Rd	
Principal office address MUST BE A STREET ADDRESS)	# 895	
	Pembrooke Pines, FL 33028	
		N
inter new mailing address, if applicable:	2114 N Flamingo Rd	7110
Mailing address MAY BE A POST OFFICE BOX)	# 895	774 2 17
	Pembrooke Pines, FL 33028	FAT 0
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new regist
New Registered Office Address:	Enter Florida street addres.	s
	. Flo	orida
	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	Membe

<u>Title</u>	Name	Address	Type of Action
			□Remove
			□Change
		 	□Add
			□Remove
			Change Change Change Change
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ective date, if other th	an the date of filing	02/22/2023		(ор1	ional)		
effective date is listed, the	date must be specific and this block does not n	cannot be prior to da	ate of filing or more t	han 90 days afte	er filing.)	Pursuant zill not b	to 605.020 ne listed a
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