## 11700260121

	(Requestor's Name)
	(Address)
	(Address)
<del></del>	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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10/5/2022

## **COVER LETTER**

TO: Registration Section

Division of Corporations

SUBJECT:	Global Figures	ilc	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	11.11.21.12.	(-izen)	
	MICHAEL	Name of Person	
		Name of Ferson	
	Global	FIGURES 11C	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	0	C 1	
	2005 Lu	ee forc lone  Address	
	longwood	FL 3275 C	,
	<del></del>	City/State and Zip Code	
		obal @ Consultar to be used for future annual report noti	
	E-mail address: ()	to be used for future annual report noti	fication)
For further information cor	ncerning this matter, please ca	all:	
Global	Figure 116	at (321) LIZ7 Area Code Daytim	0133
Name of I	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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 So	ection	Street Address: Registration Se	
Division of Co P.O. Box 6327	•	Division of Cor The Centre of T	•
Tallahassee, F			e Street, Suite \$10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global Fic	quit's 11c 2022 00: -5 PH 1:21
(Name of the Limited Liability Compa (A Fiorida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on 13/21/2017 and assigned
Florida document number <u>L 17000260121</u> .	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The 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:	8600 Commodity Circle
(Principal office address MUST BE A STREET ADDRESS)	Unit 162 orlando FL 32819
Enter new mailing address, if applicable:	478 E Altomorto DR
(Mailing address MAY BE A POST OFFICE BOX)	478 E Altomonto DR 108 283 Altomonte Springs FL 32701
	Altomorte Springs FL 32101
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent and agr	
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and perovided for in Chapter 605, F.S. Or, if this document is

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 Member

Title	Name	Address	Type of Action
CEO	Mickella Chame	1 478 E Altamonte	IDAdd
		DR #108 - 283	□Remove
		Altemonte Springs, FL 32701	
		<b>3</b>	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd ·
		<del></del>	□Remove
			Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			Change

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
	<del></del>
(If an effecti Note: If t	date, if other than the date of filing:
f the record specord is filed.	pecifies 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	October 511 2022
	Significate of a member of authorized representative of a member
	Michael A Gbond Typed or printed name of signee

Filing Fee: \$25.00