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COVER LETTER

	Registration Se Division of Cor				
SUBJEC		GLOBAL CONSULTANCY,	LLC.		
SUBJECT: Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please ret	urn all correspo	ondence concerning this matter t	o the following:		
		Ramon Carrion			
			Name of Person		
			Firm/Company		
		5297 Championship Cup Li	1		
			Address		
		Spring Hill, FL 34609			
			City/State and Zip Code		
		ramonearrion05@gmail.com			
For firetha	er information o	E-mail address: (to concerning this matter, please ca	o be used for future annual report notificat	ion)	
roi futtie	a mormation c	oncerning this matter, please ca	и.		
Ramon C	arrion		727 560-4320 at ()		
	Name o	f Person		lephone Number	
Enclosed	is a check for th	he following amount:			
□ \$ 25.0	0 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 Addres		Street Address: Registration Section	nn	
Registration Section Division of Corporations			Division of Corporations		
I	P.O. Box 632	!7	The Centre of Tall	The Centre of Tallahassee	
•	Fallahassee, 1	FL 32314	2415 N. Monroe S	treet, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARRION GLOBAL CONSULTA	ANCY, LLC.			LE 27
(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited	any as it now appears on o Liability Company)	ur records.)	<u> </u>
The Articles of Organization for this Limited L Florida document number L18000014407	iability Company	were filed on 01/16/20	18	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here:		
CARRION GLOBAL SOLUTIONS, LLC				
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designat	tion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	able:	5297 Championship C	Cup Ln	
(Principal office address MUST BE A STREET ADDRESS)		Spring Hill, FL 34609		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/or ragent and/or the new registered office address	registered office : ss here:	address on our record	s, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:				
New Registered Office Address:	5297 Champior	nship Cup Ln		
		Enter Floridu stre	eet address	
	Spring Hill		, Florida ³⁴⁰	609
		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 Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Zsuzsanna Ujťalusi	5297 Championship Cup Ln, Spring Hill, FL 34609	≡ Add
			□ Remove
		.	DChange
			□Add
			□Remove
			DChange
			🗆 Add
			□Remove
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<u>more:</u>	we date, if other than the date of filing:
the red) The	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	November 27 . 2019.
	Signature of a member or authorized representative of a member
	RAMON CARRION
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00