L18000046354

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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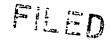
TO:	Registration Sect Division of Corpo		èe:	
or m		GGL LLC		
SUBJ	ECT:	Name of Limi	ited Liability Company	
The e	nclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		JACQUELINE M F	ROSADO	
			Name of Person	
		TAX HOUSE MIA	M!	
			Firm/Company	
		301 NE 79TH STR	EET 2	
			Address	
		MIAMI FL 33	138	
		JACQUI@TAXH	City/State and Zip Code OUSEMIAMI.COM	
		E-mail address: (to be used for future annual report notif	ication)
For fu	orther information cor	ncerning this matter, please ca	all:	
JACÇ	QUEROSADO		786 615-2009	
	Name of I	Person	Area Code Daytimo	e Telephone Number
Enclo	sed is a check for the	following amount:		
= \$3	25.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 40 ...

		18 PH 3: 02
(Name of the Limited Liability (A Florida L	Company as it now appears on our imited Liability Company)	
		MELMIA SIE, FILE
The Articles of Organization for this Limited Liability Cor	mpany were filed on $\frac{02/21/201}{2}$	and assigned
Florida document numberL18000046354	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
GLOBAL LOBBY LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
Principal office address MUST BE A STREET ADDRE	<u></u>	
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	ered office address on our l	records, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registe		records, enter the name of the
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre		records, enter the name of the
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registe		records, enter the name of the
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		records, enter the name of the
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre		
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registeregistered agent and/or the new registered office address Name of New Registered Agent:	ess here:	

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>	<u>Name</u>	Address N/A	Type of Action
		IVA	
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
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ective date, if other than the date must be effective date is listed, the date must be tee: If the date inserted in this block nument's effective date on the Dep	k does not meet the applicabl	date of filing or more than 90 e statutory filing requirem	(optional) days after filing.) Pursuant to 605.020 tents, this date will not be listed a
record specifies a delayed of The 90th day after the recor	d is filed.	in effective time, at	12:01 a.m. on the earlier o
ed MARCH 14	, 2019		
	gnature of a member or authorize		
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Typed or printed name of signee

Filing Fee: \$25.00