18000046354

(R	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	···
(C	ity/State/Zip/Phone	#N
(Cl	ity/State/Zip/Photie	**)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(Di	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/08/2021		₩WALK	IN**
ENTITY NAME GLOI	BAL LOBBY, LLC		
DOCUMENT NUMBER_	L18000046354		
	PLEASE FILE THE ATTACHED AND RETURN		
XXXX	Plain Copy Certified Copy Certificate of Status	#WALK	IN:
/	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY		
	Certified Copy of Arts & Amendments Certificate of Good Standing	**\${\pi_**\footnote{\pi_*}	2"
	APOSTILLE' / NOTARIAL CERTIFICATION		
COUNTRY OF DESTINAT NUMBER OF CERTIFICAT		- -	
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	·	
Please call Tina at th	e above number for any issues or concerns. Thank you so n	ruch!	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL LOBBY LLC

(Name of the Limited Liah (A Flor	bility Company a nda Linuted Liabi	s it now appears on o hty Company)	ur records.)		•
The Articles of Organization for this Limited Liability	v Company we	re filed on 02/21/20)18	- 	_ and a	issigned
Florida document number L18000046354	·					
This amendment is submitted to amend the following:	:					
A. If amending name, enter the new name of the li	imited liability	company here:				
STE SHEFIA LLC						
The new name must be distinguishable and contain the words "L	Limited Liability (ompany," the designa	tion "LLC"	or the abbre	viation '	L.L.C."
Enter new principal offices address, if applicable:	_					
(Principal office address MUST BE A STREET ADI	DRESS)	<u>. </u>				
					<u> </u>	15 84 27 8 40
Enter new mailing address, if applicable:	_				`	
(Mailing address MAY BE A POST OFFICE BOX)				- 	: <u></u>	
	_			 -		
					<u>c</u> 2	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		address on our	records,	enter-th	<u> </u>	e got the new
					င့	نسية
Name of New Registered Agent:				rei	. 29	<u> </u>
				-		,
New Registered Office Address:	,	Enter Florida str	eet address			
			Elor	ida		
		City	1 101		Zip Cod	le .
New Registered Agent's Signature, if changing Registe	red Agent:					
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	lagent as prov ered office add	ided for in Chapt	er 605, F.	S. Or, if	this do	cument is

If Changing Registered Agent, Signature of New Registered Agent

	from our records;		5 · 2 · 2 · 3 · 1 · 2 · 3
AGR = -M $AMBR = A$	lanager uthorized Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			. <u>.</u> ,
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	• • •	
nending any other inform	ation, enter change(s) here: Attach additional sheets, it no	(Mary)
		
		A - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1
		
ctive date, if other than th	ne date of filing: (option	inal)
	oust be specific and cannot be prior to Jace of filing or more than 90 days after block does not meet the applicable statutory filing requirements, this	
	Department of State's records.	
ecord specifies a delay	ed effective date, but not an effective time, at 12:01 a	.m. on the earlier
ie 90th day after the re	cord is filed.	
d June 7	2021	
*		
	ebo co	
	Signature of a member or authorized representative of a member	
Frederic I Tehoul, M		
	Lyped or printed name of signer	

Page 3 of 3

Filing Fee: \$25.00