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Special Instructions to	Filing Officer:	
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Office Use Only



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Amend Cus

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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Cor	porations		
CUDIECT.	GLOBAL I	NVESTMENTS ALLIANCE	LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		ROBERTO PERIS CARV	AJAL	
			Name of Person	
		GLOBAL INVESTMENT	S ALLIANCE LLC	
			Firm/Company	
		1500 NW 89TH CT SUIT	E 108	
			Address	
		DORAL FL 33172		
			City/State and Zip Code	
		rperis@gialliancellc.com	to be used for future annual report not	(Contion)
For further in	iformation c	oncerning this matter, please co	·	neationy
ROBERTO	PERIS		786 906 4506	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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)
Reg	ling Addres	Section	Street Address: Registration Se	
Div	usion of C	orporations	Division of Co	rporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELLC	
ability Company as it now appears on our records.) orida Limited Liability Company)	
ty Company were filed on MARCH 01 2018	and assigned
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g:	
limited liability company here:	
"Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
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Enter Florida street address	··-
, Florida _	Zip Code
	ability Company as it now appears on our records.) orida Limited Liability Company) ty Company were filed on MARCH 01 2018 g: limited liability company here: *Limited Liability Company." the designation "LLC" or the : DDRESS) ered office address on our records, enter the na re: Enter Florida street address , Florida

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>	<u>Address</u>	Type of Action
AMBR	JORGE KAUEFATE	9970 NW 87TH TERRACE	
		DORAL FL 33178 US	■ Remove
			□Change
AMBR	LUIS LAPIEDRA	3929 ADRA AVE	□Add
		DORAL FL 33178 US	
			□Change
AMBR	JUSTYNA MOSTEK	9877 NW 48TH TERRACE	🗏 Add
		DORAL FL 33178 US	□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Remove
			□Change
			□Add
			□ Remove
			∏Change

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iffective date, if other than the date an effective date is listed, the date must be a local to the date inserted in this bloc locument's effective date on the Department.	ck does not meet the applic	to date of filing or mo able statutory filing	(option than 90 days after requirements, this	nal) Iling.) Pursuant to 605.02 date will not be listed
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		t an errective til	ne, at 12.01 a	m. on the earlier
The 90th day after the recor	rd is filed.		ne, at 12.01 a	m, on the earlier.
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The 90th day after the recor	rd is filed.			m, on the earlier.
e record specifies a delayed of The 90th day after the record ated MAY 20	rd is filed.			.m. on the earlier

Page 3 of 3

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