118000160758

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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:(A	nbbean (Slobal Konne ited Liability Company	ect	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
		Benjami Name of Person		
	Caribbea	n Global Z	onect	
		US HWY 17 Address		
	Cassel	berry FL 3 City/State and Zip Code	32707	
	Carlabee E-mail address: (City/State and Zip Code a Mobal Konect (a to be used for future annual report notifica	egnail: ion	
For further information cor	ncerning this matter, please ca			7
Kadae Bo	namin	55=	AUG 30 CAHASSE CAHASSE T 8699	CHEST SERVICE
Name of F	^s et-um/		Pelephone Number	
Enclosed is a check for the	following amount:			
525.00 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

Canbbean Global Konnect

(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000160758</u>	were filed on July 7, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2575 S US HWY 17-92
(Principal office address MUST BE A STREET ADDRESS)	Casselberry IL 32707
Enter new mailing address, if applicable:	SECRETARIO 3
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the re:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Naw Pagistarad Agant's Signature of shanning Designation	City Zip Code

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, <u>enter the title, name, and address of each person_being addedor removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
M6-R	Kadae Benjamin	461 Hodden Meadows Lo Apt 207 Fem Park FL	0 <u>P</u> □ Add 32 7 3 0 □ Remove
<u>M6-R</u>	Rona McKoy	2019 Capri Lane Mount Dorg FL 30	□ Change □ Add
			Audi 30 gmovi 1
			Add Remove
			Change

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effect : <u>e:</u> If	ive date is listed, the the date inserted i	han the date of fire date must be specific in this block does non the Department	iling: <u></u>	prior to date of til pplicable statuto	ing of mor	e than 90 days	optional) after filing.) , this date v	Pursuant vill not l	i to 605. be Tiste
ecoi ne 9	rd specifies a c Oth day after t	delayed effectiv the record is file	re date, bu ed.	t not an effe	ctive tin	ne, at 12:(01 a.m. c	n the	earlie
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