## 118000211086

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## **COVER LETTER**

Division of Corporat	ons	
SUBJECT: <u>Glob</u>	Name of Limited Liability Company	
The enclosed Articles of Amen	dment and fee(s) are submitted for filing.	
Please return all correspondence	e concerning this matter to the following:	
	Samue ( Asante Name of Person	
_	Global Strulite 11c	
_	5800 Beach Blud H	203-180
	factes aville FL 3220° City/State and Zip Code	7
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notice	fication)
For further information concern	ing this matter, please call:	
Name of Perso	at ()at Code Daytim	e Telenhone Number
Enclosed is a check for the following	owing amount:	
□ \$25.00 Filing Fee □	G30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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**

3 31-0-10	UC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{18000211086}{}$ .	were filed on X siphuby 62218 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	P D
(Mailing address MAY BE A POST OFFICE BOX)	20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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	<u>Address</u>	Type of Action
MGR	Samuel Asante	5800 Beach Blod	JAdd
		#203-180, Jacksonull	Remove
		PL 32207	☐ Change
AMBR	Timothy Dufu	5800 Beach Bl-d	Add
	,	#203-180 Jacksmille	☐ Remove
		FL, 32707	Change
			🗖 Add
			Remove
			- EChange
	<del></del>	27	- GAdd □
			E Ligemowe
		70 mm = 1	GoAdd The Change
<del></del>			Add
			🗆 Remove
			Change
			Add
			Remove
			Change

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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing  Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	
he record specifies a delayed effective date, but not an effective.  The 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier of
Dated septeme 14, 2018.	,
Signature of a member or authorized represent	ative of a member
Samuel Hante	

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Filing Fee: \$25.00