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TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations			
Versa Glot	bal. LLC			
	Name of Lin	nited Liability Company		_
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Ari Good			
		Name of Person		
	Good Attorneys At Law, I	^A		T 18
		Firm/Company		
	382 NE 191st St #15198			FILTER FILTER
		Address		
	Miami, FL 33179			AH 9: 23
	zach@versa.global	City/State and Zip Code		23
	E-mail address: (to be used for future annual rep	ort notification)	-
For further information of	concerning this matter, please c	all:		
Ari Good		239 213-8	149	
Name c	of Person		Daytime Telephone Num	ber
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$4A 00	Filing Pay
_ 025.00 t ming tee	Certificate of Status	Certified Copy (additional copy is enclose	Certifi cd) Certifi	Filing Fee, cate of Status & ed Copy nat copy is enclosed)
	ING ADDRESS:		OURIER ADDRESS:	
Divisio	ration Section on of Corporations	Registration Division of	: Section Corporations	
P.O. B	ox 6327	Clifton Buil	ding	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Versa Global, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on09/18/2017	and assigned
Florida document number L18000221861		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	
Enter new principal offices address, if applicable:		10
Principal office address MUST BE A STREET ADDRES	<u>S)</u>	Allass
		1
Enter new mailing address, if applicable:		G 7 9
Mailing address MAY BE A POST OFFICE BOX)		23
3. If amending the registered agent and/or registere	ed office address on our records.	enter the name of the
registered agent and/or the new registered office address	s here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer v urtaa sireet address	
	, Flori	
	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Zach Martin	382 NE 191st St #15198 Miami, FL 33179	■ Add
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f an effective date is listed, the da Note: If the date inserted in t	n the date of filing: te must be specific and cannot be his block does not meet the a the Department of State's rec	prior to date of filing policable statutory f	or more than 90 days after	onal) r tiling.) Pursuant to 605 s date will not be liste	i.0207 ed as
e record specifies a de The 90th day after the	layed effective date, bu e record is filed.	it not an effectiv	e time, at 12:01	a.m. on the earlie	er of
Dated	2018				
					

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee