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COVER LETTER

TO:	Registration Se Division of Cor			
, SUBJ	Versa Globa	al, LLC		
SUDJ	r.C1:	Name of Lim	ited Liability Company	
-				
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Ari Good		
			Name of Person	
		Good Attorneys At Law, P	'A	ification) Description Section Sectin Section Section Section Section Section Section Section Section
			Firm/Company	
		382 NE 191st St #15198	. ,	
			Address	
		Miami, FL 33179		
		zach@versa.global	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
Ari G	ood		239 213-8149 at ()	
-	Name o	f Person		Telephone Number
Enclos	sed is a check for th	ne following amount:		
≘ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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 OF

Versa Global, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) lability Company)	-
The Articles of Organization for this Limited Liability Company (were filed on 09/18/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		en e
Principal office address MUST BE A STREET ADDRESS)		
		\$2 0 m
		6
Enter new mailing address, if applicable:		्री क गा
Mailing address MAY BE A POST OFFICE BOX)		
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3. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, <u>en</u> :	ter the name of the
Name of New Registered Agent:	<u> </u>	
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>	<u>Name</u>	Address	Type of Action
AMBR	Zachary Alexander Martin	382 NE 191st St #15198 Miami, FL 33179	
		Main, PL 3,179	
			□ Remove
			Change
			Add
			Remove
		·	Change
		·	Remove
		·	Change
			ST SE Bemove Remove Remove
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fective date, if other than the date of the date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	e specific and cannot b k does not meet the	applicable statutos	ng or more than 90 days	optional) after filing.) Pursuant to 605.020 , this date will not be listed a
record specifies a delayed e The 90th day after the recor	effective date, b d is filed.	ut not an effec	tive time, at 12:0	01 a.m. on the earlier o
November 16	2018			18 *
ted Threshold to)	<u> </u>		18 NOV 19
	nature of a member of	or authorized represe	ntative of a member	The state of the s
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Filing Fee: \$25.00