118000243058

(Requestor's Name)
(Address)
(Address)
(Hooress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(60000000000000000000000000000000000000
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
_

Office Use Only



300414826363

09/05/23--01014--009 **55.00

2020 SEP -5 PH 2: 55



Henry Mortinez

786-512-5084

9500 SW 146 ST

Miami, FC 33176

COVER LETTER

	stration Section sion of Corporations	
SUBJECT: _	6 lobal Van Benovation 4 Sales	5_ <i>U</i> C
	Articles of Amendment and fee(s) are submitted for filing.	
Please return al	all correspondence concerning this matter to the following:	
	Henry Martines	
	Global Van Peracetran as:	Soutes LCC
	9500 Sw 1410 Street	
	Mami 7 33176 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further info	formation concerning this matter, please call:	
Hor	Name of Person Grand Compared Code Name of Person Name of Person Name of Person Office Code Daytime Telephone Name Code	Vumber
Enclosed is a ci	check for the following amount:	
\$25.00 Fili	Certificate of Status Certified Copy Ce (additional copy is enclosed)	0.00 Filing Fee, ertificate of Status & ertified Copy ditional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

2023 SEP -5 17 2: 34

ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10-15-2018 and assigned Florida document number <u>L18000 243</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: +LCQ_____, Florida <u>- S</u>

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	Address	Type of Action
AMBR	Henry Martinez	<u>Address</u> <u>9500 SW 146 St</u>	<u>æf⊡</u> Add
	•		Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
(If an ef <u>Note:</u>	ive date, if other than the date of filing: 4 27 23 (optional)
ord is f	
Dated	7/23/2023
	Signature of a member or authorized representative of a member
	Henry Martinez

Filing Fee: \$25.00