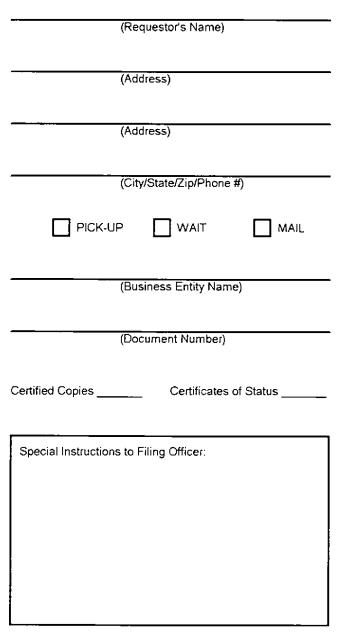
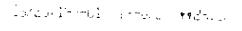
L18000283758



Office Use Only



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COVER LETTER

	gistration Se vision of Cor			
SUBJECT:	GLOBAL (GO LLC - FL	r.	•
SUBJECT.			nted Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	i all correspo	ndence concerning this matter	to the following:	
		ADAM MCKAY		
			Name of Person	
		GLOBAL GO LLC - FL		
		·	Firm/Company	
		501 E Las Olas Blvd; Ste F	300	
			Address	
		Fort Lauderdale, FL 33301		
		accounting@globalgo.com	City/State and Zip Code	
		E-mail address: ()	to be used for tuture annual report	notification)
For further is	ntormation co	oncerning this matter, please ea	all:	
ADAM MO	TKAY		nt ()	
	Name of	Person	at () Area Code Da	ytime Telephone Number
Enclosed is a	check for th	e following amount		
■ \$25,00 F	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 radditional copy is enclosed

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahuceon El 3231.1

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL GOILLE - FL

(<u>Name of the Lip</u>	nited Liability Compa (A Florida Limited)	iny as it now appear Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Florida document number £18000283758	Liability Company	were filed on $\frac{12}{}$	/10/2018	and assigned &
This amendment is submitted to amend the following	llowing:			
A. If amending name, <u>enter the new name</u>	of the limited liab	ility company ho	ere:	
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company." the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	501 E Las Olas	Blvd Ste 300		
Principal office address MUST BE A STRE	Fort Lauderdale, FL 33301			
Inter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>		501 E Las Olas Fort Lauderdale		
3. If amending the registered agent and egistered agent and/or the new registered of	l/or registered of office address hero	fice address on	our records, enter	the name of the
Name of New Registered Agent: ADAM MCKA		<u> </u>		
New Registered Office Address: 501 E Las Ola				
			ida street address	
	Fort Lauderdale		Florida <u>- 3.</u>	3301
		Cuv		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

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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
MGR	ADAM MCKAY		
			Add
			Remove
		501 E Las Olas Blvd Ste 300 Fort Lauderdale, FL 33301	■ Change
			Add
			Remove
			Change
			Change
			Remove
			Change
			Remove
			Change
			
			☐ Remove

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ffective date, if other than the d an effective date is listed, the date must b ote: If the date inserted in this bloc beament's effective date on the Dep	k does not meet the ap	oplicable statutory fil	(option more than 90 days after f ing requirements, this	nal) iling.) Pursuant to 605,0207 date will not be listed as
record specifies a delayed of The 90th day after the recor	effective date, buid is filed.	t not an effective	time, at 12:01 a.	m. on the earlier of
	2019			
sted September 18	· · · · · · · · · · · · · · · · · · ·	·		
ated September 18		authorized representativ		