L190000 60289

(Requ	estor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fili	na Officer:	1
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COVER LETTER

end nect.		Y GLOBAL, LLC		
SUBJECT:		Name of Limit	ed Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are subn	nitted for filing.	
Please return	n all correspo	ndence concerning this matter to	o the following:	
		CELSO MORAES		
		ASSELFIS INTERNATION	Name of Person	
		7901 KINGSPOINTE PAR	Firm/Company KWAY - SUITE 10	
		ORLANDO FL 32819	Address	
		VICTORIA@ASSELFIS.CC		
For further i	nformation co	E-mail address: (to oncerning this matter, please cal	o be used for future annual report notif ll:	ication)
CELSO MC	DRAES		407 826-1034 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00 I	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 (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

KALAHARY GLOBAL, LLC (Name of the Limited 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 $\frac{03/01/2019}{1}$ and assigned Florida document number _ L19000060289 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ANNE CAROLINE GLOBAL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 6996 PIAZZA GRANDE AVENUE Enter new principal offices address, if applicable: SUITE 211 (Principal office address MUST BE A STREET ADDRESS) ORLANDO FL 32835 6996 PIAZZA GRANDE AVENUE Enter new mailing address, if applicable: SUITE 211 (Mailing address MAY BE A POST OFFICE BOX) ORLANDO FL 32835 B. If amending the registered agent and/or registered office address on our records, enter the name of the new Ö registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adjor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			Add
			☐ Remove
			□ Add
			□ Remove
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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			Remove
			□ Change

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Effective date, if other than the date of filing:	(optional)
Note: If the date inserted in this block does not meet the applicable statutory filing requir	rements, this date will not be listed a
document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, a	at 12:01 a.m. on the earlier o
) The 90th day after the record is filed.	
Dated,	
Signature of a member or authorized representative of a me	ember

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Filing Fee: \$25.00