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## **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT:Global Teade XIX UC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Valoria Schratzman
Law office of Valorier Schvartzman P.A
12550 Biscours Blud Suite 406
Worth Humi Fl 33181  City/State and Zip Code
E-mail address: (to be used for future annual report not for ortion)
For further information concerning this matter, please call:
Nume of Person at (305) 9740114.  Area Code Dayting Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy radditional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Taffahassee, FL 32314

STREET/COURT R ADDRESS: Registration Section Division of Corportions Clifton Building 2661 Executive Conter Circle Tallahassee, FL 34701

## ARTICLES OF AMENDMEN®

	10		4 1
ARTICLE	S OF ORGANIZA	TION	•••
	OF	2019;: 18	Mill: 10
 (Name of the Limited Liabi	lity Company as it now appe da Limited Liability Company	ars or our records.)	
on for this Limited Liability L190001268		05/09/2	2019_ and assigned

The new name must be distinguishable and contain the	words "Limited Liability Company," the slessig	ration "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
	d/or registered office address on a	
	d/or registered office address on a	or records, enter the name of the ne
registered agent and/or the new registered o	d/or registered office address on se office address here:	or records, enter the name of the ne
	d/or registered office address on se office address here:	or records, enter the name of the na

### 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\_end 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	Lia Colore	191 BOB Link DR. Hioleon	□ Add
		Husleah F1 33015	<b>X</b> Remove
		·	Change
MGR	ANDRES HARBUGO	12550 Bescayne Blud.	_ <b>X</b> Add
		Suite 406	□ Remove
		Worth Miami FL 33181	D Change
			🖸 Add
		<u> </u>	Remove
			_□ Change
			_□ Add
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	<del></del>		_□ Add
			☐ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Auach additional	hocts, if necessary.)
	· <del></del>
	·
	·· <del>····</del>
	<del>-</del>
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more.)  Note: If the date inserted in this block does not meet the applicable statutory filing red document's effective date on the Department of State's records.	(optional) nan 90 days after filing.) Pursuant to 605,0207 (3)(b) q drements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time (b) The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier of:
Dated November 13 2019	
Signature of a member or authorized regresentative of a	1 enber
Andre Marenge.  Typed or printed name of signer	<del></del>