# 1900160229

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## **COVER LETTER**

	Registration Se Division of Cor						
elib tez		AMERICA WORLDWIDE LL	.C.				
SUBJEC	<u> </u>	Name of Lim	nited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		HUBERT CAMPBELL					
		GLOBAL AMERICA WO	Name of Person DRLDWIDE LLC.		-		
Firm/Company Aspencrest ct.				<u> </u>	-		
		Orlando, FL. 32835	Address		- <del>-</del> -	2019 JUL -	
		City/State and Zip Code callcampbell7@gmail.com			- PH	FILED	
For furth	er information c	E-mail address: (	to be used for future annual report not	fication)	t T T	3: 43	
HUBER	T CAMPBELL		407 808-8468				
	Name o	f Person		ne Telephone Number	r		
Enclosed	l is a check for th	ne following amount:					
\$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Stati		
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpo	On			

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL AMERICA WORLDWIDE LLC			
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our la Limited Liability Company)	records.)	_
The Articles of Organization for this Limited Liability (Florida document number 1.19000160229			assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designatio	n "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
		20	
Enter new mailing address, if applicable:		19 JUL -	
(Mailing address MAY BE A POST OFFICE BOX)			一届新多
Maning amoress man BEAT OST OFFICE BOX		=	
B. If amending the registered agent and/or regi	stered office address on our r	ecords, enter the nar	-
registered agent and/or the new registered office add		, <u></u>	
Name of New Registered Agent:	<del></del>		
New Registered Office Address:			
	Enter Florida street	address	
		, Florida	<del></del>
	City	Zıp Co	de

#### 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 ad or removed from our records:

#### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	HUBERT CAMPBELL	8013 Aspencrest et. Orlando, Fl. 32835	Add
			□ Remove
	CANAL COLLAN		□ Change
MGR	GAMAL S SHAW		
		8013 Aspencrest ct. Orlando, Fl. 32835	■ Remove
			Change
AMBR	HUBERT H CAMPBELL SR		
		8013 Aspencrest ct. Orlando, Fl. 32835	Add
			L PARTY CHANGE
AMBR	PAULINE CAMPBELL		<u></u>
		8013 Aspencrest ct. Orlando, Fl. 32835	ω Remove
		<del></del>	Change
AMBR	NIALA A CAMPBELL		□ Add
		8013 Aspencrest ct. Orlando, Fl. 32835	■ Remove
			☐ Change
	NIALA A CAMPBELL		
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach ad	dditional sheets, if necessary.)
,=- <u></u>	
	7019
	P COVE
	<u>ω</u>
Effective date if other than the date of filing:	(antional)
C. 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 Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.0207 (3), filing requirements, this date will not be listed as the
f the record specifies a delayed effective date, but not an effecti b) The 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier of:
Dated 06/18/2019	
pt	
Signature of a member or authorized represent	tative of a member
HUBERT CAMPBELL	

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Typed or printed name of signee

Filing Fee: \$25.00