

19000160229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

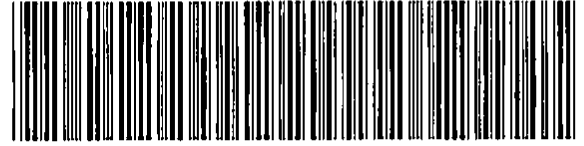
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GLOBAL AMERICA WORLDWIDE LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HUBERT CAMPBELL

Name of Person

GLOBAL AMERICA WORLDWIDE LLC.

Firm/Company

Aspencrest ct.

Address

Orlando, FL. 32835

City/State and Zip Code

callcampbell7@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HUBERT CAMPBELL

407

808-8468

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**MAILING ADDRESS:**  
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

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## Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	HUBERT CAMPBELL	8013 Aspencrest ct. Orlando, Fl. 32835	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GAMAL S SHAW		<input type="checkbox"/> Add
		8013 Aspencrest ct. Orlando, Fl. 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HUBERT H CAMPBELL SR		<input type="checkbox"/> Add
		8013 Aspencrest ct. Orlando, Fl. 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PAULINE CAMPBELL		<input type="checkbox"/> Add
		8013 Aspencrest ct. Orlando, Fl. 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NIALA A CAMPBELL		<input type="checkbox"/> Add
		8013 Aspencrest ct. Orlando, Fl. 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	NIALA A CAMPBELL		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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AM  
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JULIA A. HARRIS

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CLERK OF DISTRICT COURT  
JUL 1 2019

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing ) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 06/18/2019

18/2019

Signature of a member or authorized representative of a member

HUBERT CAMPBELL

Typed or printed name of signee