# 119000241875

(Requestor's Name)
(Address)
(Address)
(noutess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<del></del>
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

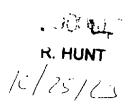
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

iGlobal Express, LLC		
Please Debit FCA000000003 For: 25		
Thank you Seth Neeley		
Atta/	Art of Inc. File	o vision 2023 OCT
	LTD Partnership File	) (4)
	Foreign Corp. File	25 25
	L.C. File	
	Fictitious Name File	9 S 1472 140 PM 12: 40
	Trade/Service Mark	<b>6</b> 🖟
	Merger File	
	Art, of Amend, File	
	RA Resignation	
	Dissolution / Withdrawal	_ <del></del>
	Annual Report / Reinstatement	
	Сеп. Сору	
	Photo Copy	
	Certificate of Good Standing	
	Certificate of Status	
	Certificate of Fictitious Name	
	Corp Record Search	
/ .	Officer Search	
	Fictitious Search	
Signature	Fictitious Owner Search	_
	Vehicle Search	
	Driving Record	
Requested by: SETH	UCC 1 or 3 File	
Name Date Time	UCC 11 Search	
Name Date time	UCC II Retrieval	
Walk-In Will Pick Up	Courier	

#### **COVER LETTER**

	gistration Sec rision of Corp					
SUBJECT:	iGlobal Exp					
SUBJECT.		Name of Lim	ited Liability Company	<del></del>		
The enclosed	d Articles of /	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		Juan P Montoya				
			Name of Person	<del> </del>	202	Ci 4
					2023 OCT 25 PH 12: 40	DIAIDIGM OF COMMONATE WAS
			Firm/Company		52	
		10851 NW 122nd Street			P	Ċ
			Address		¥ 12	7.
		Medley, FL 33178			10	
		juan.montoya@iglobalex.co	City/State and Zip Code			
		·	to be used for future annual report r	otification)		
For further in	nformation co	oncerning this matter, please ca	all:			
Juan P Mon	toya		786 333-8575			
	Name of	Person	at () Area Code Day	time Telephone Number		
Enclosed is a	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 fadditional copy is enclosed)		
	MAILI	NG ADDRESS:	STREET/COU	RIER ADDRESS:		

Registration Section Division of Corporations 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

iGlobal Express LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability C Florida document number L19000241875	ompany were filed on 9/25/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>2</u>
(Principal office address MUST BE A STREET ADDR	(ESS)	Ψĭš <b>)23</b> (
•		OCT SE
		25
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		112:
B. If amending the registered agent and/or registered agent and/or the new registered office adding the new registered office adding the new registered of New Registered Agent:		nter the name of the ne
Name of New Registered Agent.		<del></del> -
New Registered Office Address:	Enter Florida street address	
	, Florid	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

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
ambr	GUSTAVO RODRIGUEZ	4797 N.W 109 CT	Add
		Doral, FL 33178	■ Remove
			Change
			☐ Remove
			Change ClyiSlow to 2023到CT
			Namove Sch
			PHORAS LAC
			Remove
			Change
			□ Remove
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	nformation, enter change(s) here: (Attach additional sheets, if neces	
<u></u> .		
<u> </u>		
	<del></del>	
	<del></del>	
<del></del>		2028
-		DIVISION OF CORPORAL  2023 OCT 25 PM 12:
		PMI2:
<del>-</del>		2: <b>40</b>
<del></del>		<del></del>
(If an effective date is listed, the Note: If the date inserted in	tan the date of filing: (option date must be specific and cannot be prior to date of filing or more than 90 days after find this block does not meet the applicable statutory filing requirements, this does not meet the applicable statutory filing requirements.	ling.) Pursuant to 605.0207 (3)(b)
If the record specifies a d (b) The 90th day after th	elayed effective date, but not an effective time, at 12:01 a.m ne record is filed.	m. on the earlier of:
Dated	2023	
<del></del>	XII.	
<del></del>	Signature of a member or authorized representative of a member	<del></del>
JUAN	P. MONTOYA	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00