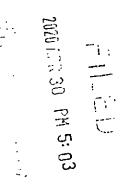
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COVER LETTER

	stration Session of Corp			*	
CISD ICZTE		OBAL INVESTMENT AGEN	CY GROUP, LLC	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SUBJECT		Name of Lim	ited Liability Company		
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
			Name of Person		
		ADVANCED GLOBAL	ACCOUNTING FIRM ,LLC		
		·	Firm/Company		
	3900 WOODLAKE BLVD STE 211 Address GREENACRES, FL 33463				
		info@advancedgloballtc.co.	City/State and Zip Code		
			to be used for future annual report no	tification)	
For further in	formation co	oncerning this matter, please ca	nll:		
Yves Coriola	and		561 300 8737		
Name of Person			Area Code Daytii	me Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 Fi	iling 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)	
	ling Address istration S		<u>Street Address:</u> Registration S	ection	
	ision of C . Box 632	orporations 7	Division of Co The Centre of	•	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TO)	
ARTICLES OF O	RGANIZATION	
Ol		8. //
USA GLOBAL INVESTMENT AGENCY GROUP J.		
(Name of the Limited Liability Compar (A Florida Limited I.	y as it now appears on our records.) ability Company)	and assigned
	a. (10/10/2019	0.
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
lorida document number 1.1900025547		May .
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
USA GLOBAL GROUP.LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u>229 NW 14Th STREET</u>	
	POMPANO BEACH ,FL 33060	
	POMPANO BEACH ,FL 33060	
		name of the new registered
		name of the new registered
		e name of the new registered
		name of the new registered
gent and/or the new registered office address here: Name of New Registered Agent:		e name of the new registered
gent and/or the new registered office address here:		e name of the new registered
gent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the	
Name of New Registered Agent:	ddress on our records, enter the	
Name of New Registered Agent: New Registered Office Address:	ddress on our records, enter the Enter Florida street address Florid	1a
Name of New Registered Agent: New Registered Office Address: New Registered Office Address:	Enter Florida street address City	ไม Zip Code
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent and agre	Enter Florida street address City e to act in this capacity. I furth	in Zip Code Er agree to comply with the
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete provisions.	Enter Florida street address City e to act in this capacity. I furtheoerformance of my duties, and i	ha Zip Code er agree to comply with the I am familiar with and
	Enter Florida street address City e to act in this capacity. I furtheoerformance of my duties, and provided for in Chapter 605, F.S.	In

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	SOPHONIE MONTISSOI.	229 NW 14Th STREET, POMPANO BEACH	= Add
		FLORIDA 33060	□Remove
			□Change
			□Add
			Remove
			□Change
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			□ Change
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			DRemove
	·		☐Change

Effective date, if other than the date of filing:	
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ffective date, if other than the date of filing: 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 6 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liberature of the Department of State's records.	
ffective date, if other than the date of filing: an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 tote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be be becoment's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	
ffective date, if other than the date of filing:	
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iote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lifective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	
iote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lifective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	
<u>ote:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liberal between the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day af	
	(optional) ate of tiling or more than 90 days after filing.) Pursuant to 605.0207 (statutory filing requirements, this date will not be listed as t
	at 12:01 a.m. on the earlier of: (b) The 90th day after the
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D'12 deste col	121 C.
Signature of a momber of authorized representative of a member TEUFORT BREVE	d representative of a member

Filing Fee: \$25.00