L19000278310

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT] MAIL
 ·	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of State	us L
Special Instructions	to Filing Officer;	

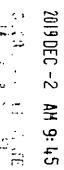
Office Use Only

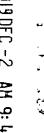


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COVER LETTER

TO:	Registration Sectorial Division of Corp.		•	
end n	· ·	Slobal Ear	L LLC	
SUBJE	.C.1.	Name of Lim	ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Dy	lan Evans	
		Clube	/ F=+fs LLC Firm/Company	
		714 \	Firm/Company Jandergrift Dr Address	
		E-mail address: (e FL 34761 City/State and Zip Code news 26 Daol. com to be used for future annual report notif	ication)
For fur	ther information cor	ncerning this matter, please ca	all:	
	Dylan	Evans	at $(\frac{732}{\text{Area Code}})$ $\frac{682}{\text{Daytime}}$	7960
	Name of I	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	following amount:		
□ \$2	5.00 Filing Fee		☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global Eats	ELC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000 278 310</u> .	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	We Comment with I do not a wife	m about the fact and taken
	ormy Company. The designation "LLC	or the appreviation "L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		99
		N N
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		9
		់ ភា ហ
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
New Registered Office Address:		
	Enter Florida street addres	3
	F1	orida
	City	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
MGR	Krieges, Thomas	104 E Cottesmore Cir	□Add
		Longwood FL 32779	
			□Change
MGR	Dylan Evans	714 Vandergi. Ft Dr	X Add
		Occee FL 34761	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		***************************************	□Change
			🗆 Add
			□Remove
			□Change

Page 2 of 3

Effective date, if other than the date of filing: If an effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prive to date of filing or more than 90 days after filing. Pursuant to 605.02 Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The effective date on the Department of State's records. The 90th day after the record is filed. Dated November 24. 2019 Significate of a member or authorized representative of a member	_	
Effective date, if other than the date of filing:	_	
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing: [In effective date, if sized, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed focument's effective date on the Department of State's records. The effective date on the Department of State is records. The 90th day after the record is filed. Dated November 24 2019 Signature of a member or authorized representative of a member		
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ffective date, if other than the date of filing:	_	
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Oated November 26 2019 Signature of a member or authorized representative of a member	<u> Yote:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	ated	November 26 2019
		Typed or printed name of signee

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Filing Fee: \$25.00