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Plesse Change address it's oft by I number and add me as an Authorized member as I cannot desetup my bandking without being added as a Authorized Memi

11051 SW 152nd ct Miami Florida 33196.

Charles A. Stoutamire

COVER LETTER

FO: Registration Section Division of Corporation			
SUBJECT: STL	Global L	LC ited Liability Company	
	Name of Lim	ned Elabinty Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Charles	Stoutamire Name of Person	
	Stc Gi	Jobal LLC Firm/Company	
	1105/sw1	52 and ct	
	Miami F	Florida 3319	6
	Stoutamiré E-mail address: (City/State and Zip Code Charles & gmail to be used for future annual report notific	cation)
For further information conc	cerning this matter, please c	all:	
Charles Stou	tamire	at (305) 484-	7501
Name of Pe	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the f	ollowing amount:		
≥ \$25.00 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 (additional copy is enclosed)
Mailing Address:		Street Address:	

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

TO:

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

S+L Global LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19 000 29 4933</u>	were filed on DCC 103/	2019 and assigned
This amendment is submitted to amend the following:		2020
A. If amending name, enter the new name of the limited liab		12020 FEB 13
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation TLL.C.
Enter new principal offices address, if applicable:	11051 SW 1520	det w
(Principal office address MUST BE A STREET ADDRESS)	Migmi Florid	4 33/9 6
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Miam; Florida	<u>et</u> 33196
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u> ter the	name of the new registerec
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	ia
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	ree to act in this capacity. I furtho performance of my duties, and I provided for in Chapter 605, F.S	am familiar with and . Or, if this document is

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
CE.O	Chades Stortamine	11051 SW 152nd ct	DAdd
		Migmi Florida 33196	□Remove
		-	DChange
		-	□Add
			_ □ Remove
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(If an effect Note: If	e date, if other than the date of ive date is listed, the date must be spec- the date inserted in this block does t's effective date on the Department	ific and cannot be prior t s not meet the applica			
he record s ord is filed	specifies a delayed effective date, l	out not an effective tir	nc, at 12:01 a.m. on the c	arlier of: (b) The 9	Oth day after the
Dated	Feb 1/1	,, 20, 20. \$ mil			
			rized representative of a mer	nber	
	- Charles	Stoutan	ire.		