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COVER LETTER

Division of Cor	porations				
global not l	ocal fle				
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	wendell coates				
Name of Person					
	global not local llc				
Fitm/Company					
	629 BETHUNE AVE				
	-	Address			
	WINTER GARDEN, FL 3	4787			
		City/State and Zip Code			
	globalyslocal@gmail.com				
Car freshar information of	n-mail address; (concerning this matter, please c	to be used for future annual report no	tification)		
	concerning this matter, please c				
wendell coates		321 978-2406 at ()			
Name of Person		Area Code Dayri	me Telephone Number		
Enclosed is a check for t	he following 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 enclose)		
Mailing Addres		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

TO:

Registration Section

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

global not local He (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 8/31/20/20 Florida document number $\frac{1.20000035874}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: na The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cin

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 coprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this debeing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liat company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each peror removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>T</u> ·
MGR Wendell Coates	629 BETHUNE AVE		
		WINTER GARDEN, FL 34787	
AMBR W	Wendell Coates	629 Bethune Avenue	
		Winter Garden, FL 34787	
AMBR Brittany Thompson	Brittany Thompson	4403 MARTINS WAY, APT D	
		Orlando, FL 32808	
			⊏
			OF

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-				
				
				
Effective date, if other th; (If an effective date is listed, the date inserted in document's effective date on	this block does not meet th	ne applicable statutory	or more than 90 days after filing requirements, th	ional) r (iling.) Pursuant is date will not l
he record specifies a delayed e ord is filed.	ffective date, but not an ef	fective time, at 12:01 :	a.m. on the earlier of: ()	b) The 90th da
Dated January 13	202			
			-	
	Signature of a membe	er or authorized represen	tative of a member	
Wendell Coates				
	Lype	d or printed name of sign	nee	

Filing Fee: \$25.00