## ICOCOCOS4332

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: 5/0	bal Lead Name of Lim	Core LhC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	John	De Persio Name of Person	
	Global	Lead Core,	LLC
		NW 67 Ct. Address	
	PARKlai	vd F1. 330 City/State and Zip Code	76
		NTUTE @ AOL. ( to be used for future annual report noti	
For further information cor	ncerning this matter, please ca	all;	
John De Name of F	Person Person	at (954) 968- Area Code Daytim	2528 e Telephone Number
Enclosed is a check for the	following amount:		
□ S25.00 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 Addward		Street Address.	

Mailing Address:

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

Street Address:

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

FILED

Global Lead	L Core Lh JAN 15 PM 3: 29	
(Name of the Limited Liability Compa (A Florida Limited L	any as it now appears on our records MARY OF STATE Liability Company) IALL STATE	
The Articles of Organization for this Limited Liability Company	were filed on <u>7eb 17, 2020</u> and assigned	
Florida document number <u>L 20000054332</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ility 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)	10519 NW 67 Ct. PARKIAND FL. 33076	
6. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registere	<u>:d</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Code	
Novo Deciseous de le collège Circulations if charactes Deciseous de Amenés	<u>.</u>	

## 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 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
<u>AP</u>	ADONAI PARAISON	550 FAIRWAY DR S-10	<del> </del>
		DeerField Beh fl,3344	Remove
	_		□Change
AP_	Nancy Defersion	550 FAIRWAY Dr S-104	
		Deer Field Beh Fl. 3344)	/ □Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			Change
			<b>_</b> _ <b>A</b> dd
			□Remove
			Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
-	
an effecti ote: If t	date, if other than the date of filing:
ecord spis filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited	<u>1-13</u> , <u>2020</u> .
	The Peras
	Signature of a member or authorized representative of a member
	$\mathcal{T}_{i}$ $\mathcal{T}_{i}$ $\mathcal{T}_{i}$ $\mathcal{T}_{i}$
	Tohn De Persio Typed or printed name of signee

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