120000 83476

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Casaial lastrusticas to Filias Officer
Special Instructions to Filing Officer:

Office Use Only



200346847442

U5/23/20 -U1020 -020 ••25.00

1020 C. 123 PH 2: 49

70 0 0 7 ELJ

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT: GLOB	AL SIGMA LLC		
SOBJECT: GEOD	Name of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the fullowing:	
	Processing Departme	oot.	
	Trocessing Departing	Name of Person	<u> </u>
•			
		Firm/Company	
5605 Riggins Court Suite 200			
		Address	-
	Reno, NV 89502		
		City/State and Zip Code	
	docs@incauthority.com		
	E-mail address:	(to be used for future annual report notif	cation)
For further information	concerning this matter, please c	all:	
Processing Departm	nent	at (800) 638-2320	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mali	INC: ADDDESS:	STREET/COURT	'D ADDRESS.

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 J J 23 PH 2:48

	LOBAL SIGMA, LLC
(Name of the Limited Lia	hility Company as It now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L20000083476 This amendment is submitted to amend the following	
A. If amending name, enter the new name of the	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AL	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our records, enter the name of the address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
_	, Florida
New Registered Agent's Signature, if changing Regis	•
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere	ent and agree to act in this capacity. I further agree to comply with a complete performance of my duties, and I am familiar with and d agent as provided for in Chapter 605, F.S. Or, if this document itered office address. I hereby confirm that the limited lightling.

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>	Name	Address	Type of Action
M	LUZ ANGELICA HOYOS SUAZA	8580 NW 56 ST	
		Doral, FL 33166	Remove
			☐ Change
M OSCAR MARINO RODRIGUEZ URIBE	OSCAR MARINO RODRIGUEZ URIBE	8580 NW 56 ST	
	Doral, FL 33166	☐ Remove	
			☐ Change
		Add	
			Remove
			Change
		□ Remove	
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			F) Change

_	
_	
_	
_	
_	
-	
_	
_	
-	
_	
-	
_	
_	
an elli Ote:	ve date, if other than the date of filing: (optional) etive 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 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
ated .	
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00