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Amend

JULE 2 4 2020 LALBRITTON

COVER LETTER

TO:

SUBJECT: Glo	had Innovative	Enterprises UC	•
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
SUBJECT: Global Innovative Enterocess UC: Name of Limited Liability Contpany The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Briten Grescii Name of Person Global Innovative Enterprises UC Firm/Company Po Box 475 Address Fr Mye R 33902 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Braden Grescii Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: X 525.00 Filing Fee Store Status Certificate of Status Certific Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee			
		Name of Person	
			ses LLC
		Firm/Company	
	Po	Rox 475	
		Address	
	Articles of Amendment and fee(s) are submitted for filing. It correspondence concerning this matter to the following: Breken Gasein Name of Person Global Innovative Enterprises LLC Firm/Company Po Box 475 Address France R 33902 City/State and Zip Code E-mail address: (to be used for future annual report notification) ormation concerning this matter, please call: Area Code Sancial Name of Person at (239) Area Code Daytine Telephone Number Solo 00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) To grand Address: Street Address: Stration Section Registration Section Registration Section Division of Corporations		
	11 110	City/State and Zin Code	
		ony, other and by the	
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
Bruden 6	Askil	m 239, 269 6	.945
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			tíon
_			
	-	The Centre of Ta	allahassee
Tallahassee, FL 32314		2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global Innovation	e Enterprises LC &
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)
	1/4 /2.22 V2. V2.
The Articles of Organization for this Limited Liability Comp	pany were filed on 4/16/2020 and assigned and assigned
Florida document number <u>L20000 104995</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited I	Liability 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	<u>S)</u>
	0 0 0 0 1 1 1 1 1 1
Enter new mailing address, if applicable:	PO BOX 475 Fr Myers FL 33902
(Mailing address MAY BE A POST OFFICE BOX)	Fr Myers FL 33902
	fice address on our records, enter the name of the new registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	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 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
AMBR	Braden GASKIN Managing member	Cape Corac FL 33990	<u>L</u> □Add
	<i>3</i> 3 2 4 1	Cape Corac FL 33990	□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Add
			□Remove
			Change

•		
		
		
n effect <u>te:</u> - If	date, if other than the date of filing: 04/16/2020 (optional) we 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.	.0207 ed as
cord s s 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 a continuous continuous date.	r the
ted	May 26 . 2020. Bralen Leshin Signature of a member or authorized representative of a member	
	\tilde{O} A Q A :	

Typed or printed name of signee