L201000109937

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COVER LETTER

TO: **Registration Section Division of Corporations** ents, LC SUBJECT: Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



504-4448 ùO Name of Person

Enclosed is a check for the 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 enclosed)

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

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<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF A	MENDMENT		
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OF			
Jobal Strategi (Name of the Limited Liability Columnary)	C Events, Ue		_
(A Florida Limited Lia	bility Company)		
The Articles of Organization for this Limited Liability Company w Florida document number <u>L2000009937</u> .	ere filed on $\underline{3/31/20}$	and :	assigned
This amendment is submitted to amend the following:		١	2
		<u> </u>	2020
A. If amending name, enter the new name of the limited liabili	ty company here:		
N/A			\sim . N
The new name must be distinguishable and contain the words "Limited Liability	· Company," the designation "LLC" or the ab	breviátion	"L.L.C."
	n 17.A	FT' (סי -
Enter new principal offices address, if applicable:	<i>P//11</i>	 	- 100
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	ALA		
		·	
(Mailing address MAY BE A POST OFFICE BOX)			

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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	Aviela Det	menuco
New Registered Office Address:	17720 Octevo	or Ave
	beca LAbr	Florida <u>33487</u>
•	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. Thereby confirm that the limited liability company has been notified in writing of this change.

H 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

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Type of Action Title Name Address LeDomenio 1720 Cakword Ave Order Bore Raton, FL 33487 Kem Kemove ____ Change 17720 Oakerood Ave and Boca Roton, Fl. 33487 Kemove elomaro _ 🗌 Change elomento 17200 akwood Ave DAW FL 3348 (Remove Change DAdd 27 C □ Change Remove Change DPP Remove Change

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D. If an

ノ 3, C E. Effective date, if other than the date of filing: (optional) C

(If an effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after tiling.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

20 Dated Signature of a member or authorized representative of a member (\mathcal{O}) Typed or printed name of signee

Filing Fee: \$25.00