L20000143445

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			· •		
	ERVIĈES LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter	_			
	Monica diaz				
		Name of Person			
	Globally Consulting LLC				
Firm/Company					
3105 NW 107th Ave SUITE 500					
		Address			
	Doral Fl, 33172				
	globallyconsultingllc@gma E-mail address: (City/State and Zip Code il.com to be used for future annual report noti	fication)		
For further information c	concerning this matter, please c	all:			
Monica Diaz 754 703-0089					
Name of Person		at () Atea Code Daytim	e Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is cuclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		Street Address: Registration Sec	etion		
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KORAL SERVICES LLC (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 __05/27/2020 L20000143445 Florida document number 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 Liability Company," the designation "LLC" or the abbreviation "LLC." 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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>	<u>Name</u>	Address	Type of Action
MGR	CIMIRRO GONZALEZ, SERGIO	3105 NW 107TH AVE, SUITE 500	
		DORAL, FL 33172	■Remove
			[☐ Change
MGR	MONICA DIAZ	3105 NW 107TH AVWE SUITE 500	≣ Add
		DORAL FL 33172	[]Remove
			□Change
			□Add
			Remove
			□Change
		-	□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
		·	□Remove
			□Change

SERGIO CIMIRRO RESIGN	LD AS A MANAGER		
MONICA DIAZ WAS ADD	ED AS A MANAGER		
		••.	
			
			
<u> </u>			
			_
ffective date, if other than the	07/05/2020	(option	nal)
an effective date is listed, the date must sote: If the date inserted in this blo ocument's effective date on the De-	t be specific and cannot be prior to date ock does not meet the applicable s	e of filing or more than 90 days after fi	ling.) Pursuant to 605.0207 (
record specifies a delayed effective I is filed.	e date, but not an effective time, a	t 12:01 a.m. on the earlier of: (b)	The 90th day after the
JULY 05TH	2020		
/acu	<u></u>		
	Will XP X	representative of a member	
	Sign more of Zarambar and the bearing	representative of a member	
	Signature of a ruember objectionized	representative of a member	

Filing Fee: \$25.00