## L20000232375

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## **COVER LETTER**

TO: Registration S Division of Co				
	AL GLOBAL SERVICES, LLC	Ĉ		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	THAMARA PEREZ			
		Name of Person		
	TABADESA ASSOCIAT	ES INC		
		Firm/Company	<del></del>	
	Firm/Company  419 W 49 STREET, STE 111  Address			
		Address		
	HIALEAH, FL 33012			
		City/State and Zip Code		
	tammyp@tabadesa.com	to be used for future annual report notif	icetion	
For further information	concerning this matter, please c		readony	
Thamara Perez		305 558-0622		
Name	of Person	Area Code Daytimo	: Telephone Number	
Enclosed is a check for t	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 Addre	Section	Street Address: Registration Sec		
Division of C P.O. Box 633		Division of Corp The Centre of T		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FINANCIAL GLOBAL 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 \_\_\_\_08/03/2020 and assigned 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 "L.L.C." 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) 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: Emer Florida street address \_ Florida \_\_\_

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, <u>enter the title, name, and address of each person-being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JULIETA CASANAS PITTE	1845 NE 187TH STREET	□Add
		NORTH MIAMI BEACH, FL 33179	□Remove
	<del> </del>	<del></del>	🗀 Add
			□Remove
		<del></del>	□ Change
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ffective date, if other than the d	10/26/20	20	(optional)	
ffective date, if other than the d an effective date is listed, the date must b lote: If the date inserted in this bloc ocument's effective date on the Dep	k does not meet the app	licable statutory filing re	than 90 days after filing.) Pursuant to 6 quirements, this date will not be I	505.0207 ( isted as t
record specifies a delayed effective of its filed.	date, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The 90th day a	fter the
ated OCTOBER 26th	2020	<del></del>		

Typed or printed name of signee