# Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 617-6383

Exom:

Account Name : TAX CONTROLLER INC

Account Number : 120210000142 : (954)301-1348 Fax Number : (954)532-9458

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JARM GLOBAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

## (((H220001196043)))

#### **COVER LETTER**

TO: Registration So Division of Cor			
JARM GLO	OBAL LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GIUSEPPE ŻULIANI MA	ARTIN	
	, , , , , , , , , , , , , , , , , , ,	Name of Person	
	JARM GLOBAL LLC		
		Firm/Company	
	4690 HUNTING TRAIL		
	<del></del>	Address	
	LAKE WORTH, FL		
		City/State and Zip Code	
	33467		
For forther information a	e-mail address: (	to be used for future annual report not	meation)
For farmer information c	oncerning this matter, prease c	aii.	
GIUSEPPE ZULIANI M	_	561 403-9744 at ()	
Name o	f Person	Area Code Daytim	c Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Pee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Mailing Address Registration S	Section	<u>Street Address:</u> Registration Se	
Division of C	Corporations	Division of Co.	porations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limite	Mahilly Comus	un es il non suncara un ont reco	(क्र)		
<del>(</del>	A Figrida Limited I	liability (Company)			
The Articles of Organization for this Limited Lin	bility Company	were filed on 09/01/2020	<u> </u>	_ and assig	ned
Florida document number L20000272503	<del></del> .				
This amendment is submitted to amend the follow	wing:	1			
A. If smending name, enter the new name of	the limited liab	illy company here:			
The new name must be distinguishable and contain the wo	and off insided I inhib	by Company" the designation "Li	C" or the abbre	visition "L.L.(	<del></del>
		4690 HUNTING TRAIL		•	
Enter new principal offices address, if applica		LAVONORTH BL 12467		<del></del>	
(Principal office address MUST BE A STREET	<u>'ADDRESS)</u> .	LAKE WORTH, 1 2 33-407			<del></del>
					<del></del>
Data and malling address of authorities		4690 HUNTING TRAIL			
Enter new malling address, if applicable: (Mailing address MAY BEA POST OFFICE'S)	an	LAKE WORTH, FL 33467			
[Mailing daures MAI BE/  Fils   OFFICE	<u> </u>		•		
B. If amending the registered agent and/or re agent and/or the new registered office address Name of New Registered Agent:	here:	ddress on our records, <u>onte</u> LIANI MARTIN	r tha name o	f the new r	egistered
	4690 HUNTING	TRAIL		· 	<b>5</b> 23
New Registered Office Address:		Enter Florida strest addr	71	:_ · ·	<b>1</b> 022
	LAKE WORTH		iorida 33467	12	<u></u>
		City	•	Zip Code	ויר ו סב
New Registered Avent's Signature, if changing Re				<u>-</u>	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this ci	eand complete pered agent as pered agent as pered office of	performance of my duties, o rovided for in Chapter 603,	nd I ani fam F.S. Or, if t	illar with a his docume	na <sup>s</sup> -

If Oninging Registered Agent, Signature of New Registered Agent

### (((H220001196043)))

If amending Authorized Person(s) authorized to manage, enter the fille name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Tyne of Action
AMBR	ALEXANDRE MENEZES MACEDO	3791 OAK RIDGE CIRCLE	□Add
		WESTON, FL 33331	■Remove
			□ Change
			DAdd
			Петоче
			() Change
			DAed
			©Remove
			☐ Change
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			DRemove
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			CIRemove
			Change

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	ation, enter change(s) here: (Attach additional shi	
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. If the date inserted in this b	e date of filling:  at he specific and cannot be prior to date of filing or more than 9 lock does not meet the applicable statutory filling require separtment of Stato's records.	(op thous) O days after Ming.) Pursuant to 605.02 ments, this date will not be listed
nd specifies a delayed effecti- filed.	e date, but not an effective time, at 12:01 a.m. on the co	rlier of: (b) The 90th day after th
MARCH 03	2022	
	Signatured of a member or authorized representative of a mem	
		h-e