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COVER LETTER

Division of Corporations GLOBAL BUSINESS SUPPLIES FLORIDA LLC 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: Mac Kenley Alexis Name of Person Firm/Company 9999 Summerbreeze Dr Apt 1006 Address Sunrise, Florida 33322 City/State and Zip Code mac@globalbusinessservicesfl.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mac Kenley Alexis Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$30.00 Filing Fee & □ \$60.00 Filing Fee, □ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section

TO:

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL BUSINESS SUPPLIES FLORIDA LLC	2022 FEB - 1 PM F		
	ny as it now appears on our records.) Liability Company): CRETARY OF SE		
The Articles of Organization for this Limited Liability Company	were filed on 11/20/2020	and assigned	
Florida document number 20000367697			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	306 NE 79th Street		
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33138		
ermeipui office unurens ment be montale montale	Suite 1		
Inter new mailing address, if applicable:	306 NE 79th Street		
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33138		
	Suite 1		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ime of the new regis	
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>	Name	Address	Type of Action
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			☐ Change
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			□Remove
			□Chanua

(If an ef Note:	(optional) fective date, if other than the date of filing:
he reco ord is f	rd 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 led.
Dated	January 24 2022
	TO Land William !