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(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		TM 4/20/21

Office Use Only



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COVER LETTER

TO: Registration Division of (Section Corporations		
GLOBA SUBJECT:	L EXPEDITIONS MANAGEM	ENT LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	MR. ANDREW PALOW	тсн	
		Name of Person	
	GLOBAL EXPEDITION	S MANAGEMENT LLC	
		Firm/Company	
	102411 OVERSEAS HIG	HWAY	
		Address	
	KEY LARGO, FL 33037		
		City/State and Zip Code	
	AWP82@VERIZON.NET		· · · · · · · · · · · · · · · · · · ·
For further information	E-mail address: (n concerning this matter, please o	to be used for future annual report not all:	incation)
SHAWN W. TOLLE	Y, CPA	305 852-9898 at ()	
Nam	e of Person		ne Telephone Number
Enclosed is a check for	r the following amount:		
■ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Adda</u> Registration		Street Address: Registration Se	ection
Division of Corporations		Division of Cor	rporations
P.O. Box 6. Tallahassee	327 c, FL 32314	The Centre of 7 2415 N. Monro	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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P# 000
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breviation "L,L,C."
_
e of the new register
e of the new register

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 Changing Registered Agent	Signature of Na	ny Degistere	d Acent

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	ANDREW POLOWITCH	1255 SCRUB OAK ROAD	□Add
		MANITOU SPRINGS, CO 80829	≅ Remove
			Il Change
MGR	ANDREW PALOWITCH	1255 SCRUB OAK ROAD	P. 2000 00 00 00 00 00 00 00 00 00 00 00 0
		MANITOU SPRINGS, CO 80829	P2 ☐ Remove
			□ Change
			□ Remove
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			(4!1)		
Tective date, if other than the date of filing: an effective date is listed, the date must be specific and ca ote: If the date inserted in this block does not med ocument's effective date on the Department of State	nnot be prior to date et the applicable st	of filing or more than 9 atutory filing require	(optional) 0 days after filing.) Purments, this date will	rsuant to 605 I not be list	5.020 ccd a
rement a circuite date on the Department of State	.c 3 10001 0 3.				
record specifies a delayed effective date, but not an	effective time at	12:01 am on the ea	rlier of: (h) The 90	ìth day afte	r the
is filed.	encenve time, at	12.01 a.m. on the ca	mer or. (b)	,ur day urto	
ated FEBRUARY 15	2011				
Corlos Paloute					
Crea Palorite Signature of a mer	mber or authorized n	epresentative of a mem	ber	 	