6/14/2021   Division of Corporations

L21000140393

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: **Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000234302 3)))

H210002343023ABCR

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To:
    Division of Corporations
    Fax Number   : (850)617-6383

From:
    Account Name   : GLOBAL ACCOUNTING AND TAX PROFESSIONAL
    Account Number : I20140000098
    Phone   : (786)372-1391
    Fax Number   : (786)762-2589

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

Email Address:_____

(Stamp: SECRETARY OF STATE, TALLAHASSEE, FLORIDA — 2021 JUN 14 PM 3:22 — FILED)

(Stamp: RECEIVED 2021 JUN 14 PM 4:08)

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GLORIOSOS INVEST USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF   _CH21000234302_

GLORIOSOS INVEST USA LLC

<u>(Name of the Limited Liability Company as it now appears on our records.)</u>
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/20/2021 _____ and assigned

Florida document number _____L21000140393_____.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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)   _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent: _____

New Registered Office Address: _____
                                      Enter Florida street address

                                      _____, **Florida** _____
                                      City   *Zip Code*

<u>New Registered Agent's Signature, if changing Registered Agent</u>:

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, <u>Signature of New Registered Agent</u>

/H21000234303)

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>:

(H21000234303)

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jorge A. Castillo	7500 NW 25th Steret suite 246	▇ Add
		Miami Florida 33122	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

H21000234303)

H210004343623

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NA

_____

_____

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_____

_____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____NA_____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated   06/14/2021
_____, _____

_____
Signature of a member or authorized representative of a member

PERFECT BUILD / Jorge Castrillo
_____
Typed or printed name of signee

H2100023413023)

Filing Fee: $25.00