10/19/22, 4:32 PM

Division of Corporations

Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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 GLOBL R.E.D. LLC

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OCT 20 2072

K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O	F 9	
	5 /	
GLOBL R.E.D. LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) liability Company)	
	51 04/12/2021	and assigned
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number 1.21000154236		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		
muning maress may bear 1007 of The Body		
B. If amending the registered agent and/or registered office a	ddress on our records, enter the na	me of the new registered
agent and/or the new registered office address here:		
		202
Name of New Registered Agent:		-52
N. D. 1. 1000 - 111		유판 유 _ :
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida _	
	, Florida _	- Zip Code5
New Registered Agent's Signature, if changing Registered Agent:	•	0
Are in the Property of the Party of the Committee of the		7

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>	<u>Name</u>	Address	Type of Action
MGR	Carmine Napolitano	10837 Garden Ridge Court	
		Davie, FL 33328	Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			Remove
			Change
			Remove
			□Change
			Remove
			□Change
			□Add
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If an eff Note:	If the date inserted in	date must be specific a n this block does no	and cannot be prior to timeet the applica	o date of filing or mor	(options to than 90 days after fill requirements, this day	al) ng.) Pursuant to 605.0207 tte will not be listed as
docum	nent's effective date o	n the Department o	of State's records.			
e recoi rd is 6	nd specifies a delayed ited.	effective date, but r	not an effective tir	me, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
	October 19		2022	·		
Dated						
Dated	/s/ Joseph Panholze	n.				
Dated	/S Joseph Panbolze		f a member or autho	rized representative o	f a member	<u> </u>

Filing Fee: \$25.00