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## **COVER LETTER**

- 4	SERVIS, LLC		
		ited Liability Company	
ne enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
ease return all corresp	ondence concerning this matter	to the following:	
	JAVIER A. VASQUEZ SA	ANCHEZ	
		Name of Person	
	GLOBALSERVIS, LLC		
		Firm/Company	
	7834 ABBOTT AVE APT	3	
		Address	
	MIAMI BEACH, FL 3314	1	
		City/State and Zip Code	
	JAVI99D@HOTMAIL.CO		
or further information	eoneerning this matter, please co	to be used for future annual report notifica	(ion)
JAVIER A. VASQUEZ SANCHEZ		786 470-7491 at ()	. 20
Name	of Person	Area Code Daytime To	elephone Number
inclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

**Registration Section** 

Mailing Address: 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

GLOBALSERVIS, LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabilit	y Company)	
The Articles of Organization for this Limited Liability Company were	filed on 04/09/2021	and assigned
Florida document number L21000166367		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liability c</u>	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u>-</u>	
<u> </u>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	·	
B. If amending the registered agent and/or registered office addre	ss on our records, enter the name of	f the new reg
gent and/or the new registered office address here:		22
		村
Name of New Registered Agent:		
New Registered Office Address:		, <del>-</del> -
	Enter Florida street address	. c)
	, Florida	
<del></del> (,	Zity - Z	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

CLODALEEDING LLC

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	<u>Address</u>	Type of Action
MGR	CARLINA L. SANCHEZ MARTIN	7842 ABBOTT AVE 3	
		MIAMI BEACH, FL 33141	□Remove
			□Change
			□Remove
			Change
		<u>.</u>	□Add
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an effective date is listender:  If the date inse	her than the date of ed, the date must be speci erted in this block does date on the Departmen	fic and cannot be prior in not meet the applic	able statutory filin	nore than 90 days afte	ional) or filing.) Pursuant to G is date will not be l	505.0207 (3 isted as th
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record specifies a de	clayed effective date, b	ut not an effective ti				
record specifies a de l is filed.		e of a member or author				

Filing Fee: \$25.00