

L21000191503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

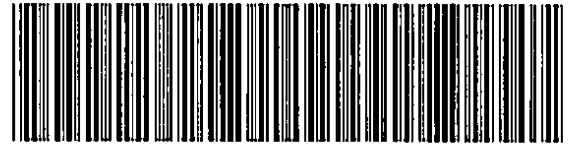
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2021

DAVID STEVENSON
7847 GOLF PARADISE WAY
CLERMONT, FL 34711

SUBJECT: GLOBAL XL LLC
Ref. Number: L21000191503

We have received your document for GLOBAL XL LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE AMENDMENT YOU SUBMITTED WAS NOT CORRECT, IT APPEARS YOU INCLUDED A CORPORATION PAGE . PLEASE COMPLETE THE ENCLOSED LIMITED LIABILITY AMENDMENT

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 721A00025195

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOBAL XL
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:

DAVID STEVENSON
Name of Person

GLOBAL XL
Firm/Company

7847 GOLF PARADISE WAY
Address

CHERMONT, FL 34711
City/State and Zip Code

das1936@ix.netcom.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call.

DAVID STEVENSON at (786) 210 6560
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status
procl as per

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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**

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

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number _____.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

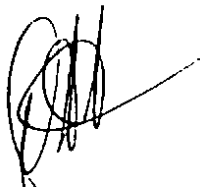
City

Florida

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 New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
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CEO	DAVID STEVENSON	7847 GOLF PARADISE WAY CLERMONT, FL 34711	<input checked="" type="checkbox"/> Add
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☐ Remove

☐ Change

AMBR	BARBARA STEVENSON	7847 GOLF PARADISE WAY CLERMONT FL 34711	<input checked="" type="checkbox"/> Add
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☒ Remove

☐ Change

MGR	ARRON STEVENSON	2780 39TH ST NAPLES FL 34117	<input checked="" type="checkbox"/> Add
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☐ Add

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

David Stevenson Chief Operating Officer

Barbara Stevenson Secretary Treasurer

Aaron Stevenson Managing Director

E. Effective date, if other than the date of filing: _____ (optional)

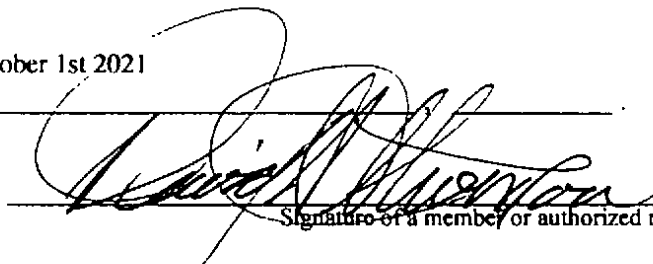
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(i)

Note: 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.

October 1st 2021

Dated _____



Signature of a member or authorized representative of a member

David Stevenson

Typed or printed name of signee

