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2021 NOV 15 PH 12: 32

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 610 bal Advisors Network UC.  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:	
Vanues of Person	
Global Advisor Detwork UC.	
7260 SW 115th St.	
Miani - FL 33156  City/State and Zip Code	
UCNESSA, AONZALES @abbalactvisors Net WOrk E-mail address; (10 be used for future annual peport notification)	ø
For further information concerning this matter, please call:	
Name of Person at () 305 - 510 CO 21  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	
Mailing Address: Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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)

(A Florida Limited Lia	ibility Company)	ur records.)		
The Articles of Organization for this Limited Liability Company w	ere filed on <u>Ha</u>	15 20	) <u>2 \</u> and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	tion "LLC" or the	abbreviation "L.L	C."
Enter new principal offices address, if applicable:			<u></u> .	
(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 addagent and/or the new registered office address here:  Name of New Registered Agent:	dress on our record	s, <u>enter the</u> na	ame of the new 2021 NOV 15 PH 12:32	registered
New Registered Office Address:	Enter Florida stre	vei address , Florida	F PH 12	TO TO
New Registered Agent's Signature, if changing Registered Agent:	***		32 ATE	

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

Title	Name		Address	Type of Action
AMBR	Varisa	Canzales	7260 500 118th st.	tadd
			Miami - FC	□Remove
			33156	□Change
AM <u>BR</u>	David (	siostini	7260 SW 113th st.	JAdd
			Miami - FL	□Remove
			33156	□Change
				□Add
				□Remove
			<del>-</del>	□Change
				□Add
				□Remove
				□Change
				□Add
				□Remove
				□ Change
				□Add
				□ Remove
				Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
f the record ecord is file	I 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 ed.
Dated <sub>-</sub>	Signature of a member or authorized representative of a member
	VONESSA (2017 all S Typed or printed name of signee