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(Requestor's Name)
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COVER LETTER .

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Jose Dario Ramirez				
		Name of Person			
	GLOBAL J&D LLC				
		Firm/Company	·		
	5644 Cherry Wood Cir		<u>~</u>		
		Address			
	Lakeland FL 33811		iffication)		
		City/State and Zip Code			
	globaljd89@gmail.com				
	E-mail address: (to be used for future annual report not	iffication)		
For further information c	oncerning this matter, please ca	all:	,		
Jose Ramirez		863 8443314 at ()			
Name o	f Person	Area Code Daytii	ne Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		<u>Street Address:</u> Registration So	ection		
Registration Section Division of Corporations		Division of Co			
P.O. Box 632		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL J&D LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on <u>05/27/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		2024 OCT
(Principal office address MUST BE A STREET ADD.	RESS)	CT -
		PH 12
Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE BOX)		N N
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the nar	ne of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
-	City	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>	Address	Type of Action
MGR	Denisse Flores	5644 Cherry Wood Cir	□Add
		Lakeland FL 33811	■Remove
			Change
			□Add
			□Remove
			□ Remove
			□ Add
			□Remove
			□Change
			🗆 🗖 Add
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Effective date, if other that fan effective date is listed, the date: If the date inserted in document's effective date or	ate must be spec this block does	ific and cannot b s not meet the	e prior to date o applicable sta	of filing or more t tutory filing re	(optio han 90 days after I quirements, this	lling.) Pursuant to	o 605.0207 e listed as
e record specifies a delayed e rd is filed.	ffective date, b	out not an effec	ctive time, at 1	2:01 a.m. on the	ne earlier of: (b)	The 90th day	after the
0		2024	·				
October 03 Dated							
Dated				presentative of a			_

Filing Fee: \$25.00