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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer:

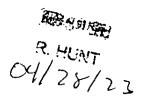
Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
		CRI	Z STORE LLC	
SUBJE	CT:			
		Name of Lim	ited Liability Company	
The enc	dosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
			PEDRO LATOUCHE	
			Name of Person	
			Firm/Company	
		7205 (NW 19TH ST SUITE 401	
		***	Address	
			MIAMI FL. 33126	
		GLOBAI	City/State and Zip Code LLYAGENT@GMAIL.COM	
		E-mail address: (to be used for future annual report	notification)
For furt	her information c	oncerning this matter, please c	all:	
	PEDRO La	NTOUCHE		305 6842361
	Name o	f Person	at () Area Code Da	ytime Telephone Number
Enclose	d is a check for the	he following amount:		
\$ 25	i.00 Filing Fee	S30.00 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 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

CRUZ STOR	E LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on I Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
GLOBALLY SUPPLIER LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the design:	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		-3
		· · · · · · · · · · · · · · · · · · ·
		83 S S S S S S S S S S S S S S S S S S S
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		STATE 50
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	ls, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida su	vet 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.

1GR = Ma AMBR = Au	nager thorized Member			
<u>itle</u>	<u>Name</u>	<u> </u>	<u>Address</u>	Type of Action
				□Add
		-		□Remove
		-		□Change
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Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member	Manufacture Transfer		
		Manager Triangle		Signature of a member or authorized representative of a member

Filing Fee: \$25.00