

L21000261507

Candice Jordan
(Requestor's Name)

2004 98 Palms Boulevard
(Address)

Unit 419
(Address)

Destin, FL 32541
(City/State/Zip/Phone #)

(786) 865-1802

☐ PICK-UP

☐ WAIT

☒ MAIL

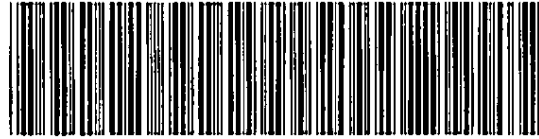
Global Choice Providers LLC
(Business Entity Name)

L21000261507
(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 AUG 20 AM 9:08
CLERK OF STATE
TALLAHASSEE, FL



RECEIVED

2021 AUG 20 AM 2:23

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2021

CANDICE JORDAN
2004 98 PALMS BLVD
#4-119
DESTIN, FL 32541 US

SUBJECT: GLOBAL CHOICE PROVIDERS LLC
Ref. Number: L21000261507

We have received your document for GLOBAL CHOICE PROVIDERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

SHAMIYA M HARRIS
Regulatory Specialist II

Letter Number: 321A00018273

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Global Choice Providers LLC
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:

Candice Jordan

Name of Person

Firm/Company

2004 98 Palms Boulevard, Unit 4119

Address

Destin, FL 32541

City/State and Zip Code

globalvoiceproviders@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
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 ☐ \$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**

Global Choice Providers LLC

(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 06/04/2021 and assigned
Florida document number L21000261507.

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 "LLC."

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)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Trique Simpson	1014 AIRPORT RD UNIT 180	<input type="checkbox"/> Add
		Destin, FL	<input checked="" type="checkbox"/> Remove
		32541	<input type="checkbox"/> Change
MGR	Rojay McGowan	1014 AIRPORT RD UNIT 163	<input type="checkbox"/> Add
		Destin, FL	<input checked="" type="checkbox"/> Remove
		32541	<input type="checkbox"/> Change
MGR	Candice Jordan	2004 98 PALMS BOULEVARDUNIT 4119	<input checked="" type="checkbox"/> Add
		Destin, FL	<input type="checkbox"/> Remove
		32541	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)(b)

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.


Signature of a member or authorized representative of a member

Candice Jordan
Typed or printed name of signee