

121 000340348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

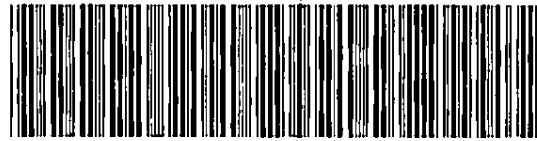
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2021 SEP -2 PM 6:29

SECRETARY OF STATE
TALLAHASSEE, FL

D BRUCE
SEP 14 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOVACH GLOBAL VENTURES 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:

STEVENSON CHERY

Name of Person

GOVACH GLOGAL VENTURES LLC

Firm/Company

104 JUPITER CIRCLE

Address

ORLANDO, FL 32811

City/State and Zip Code

SCHERY9@GMAIL.COM

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

For further information concerning this matter, please call:

STEVENSON CHERY

888 8825697
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

SECRETARY OF STATE
TALLAHASSEE, FL

2021 SEP -2 PM 6:29

SEP 11 2021

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GOVACH GLOBAL VENTURES 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 07/27/2021 and assigned
Florida document number L21000340348.

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

Florida

City

2021 SEP -2 PM 5:30
STATE OF FLORIDA
TALLAHASSEE, FL

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	VALMYR, WATSON CARL	3816 SW 33RD STREET	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		HOLLYWOOD, FL 33023	<input checked="" type="checkbox"/> Change
MGR	GOTRACE, PAULIN	7440 NORTH KENDALL DIVE	<input type="checkbox"/> Add
		APT 3709	<input type="checkbox"/> Remove
		MIAMI, FL 33156	<input checked="" type="checkbox"/> Change
MGR	CHERY, STEVENSON	8150 SW 72ND AVE	<input checked="" type="checkbox"/> Add
		APT 1729	<input type="checkbox"/> Remove
		MIAMI, FL 33143	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

SEP 2 2011
TALLAHASSEE, FL
6:30 PM
FBI

[illegible]

2021 SEP -2 PM 6:30
SECRETARY OF STATE
TALLAHASSEE, FL

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(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.

Dated MONDAY AUGUST 30TH 2021

Signature of a member or authorized representative of a member

WATSON CARL VALMYR

Typed or printed name of signee

Filing Fee: \$25.00