

L21000394490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

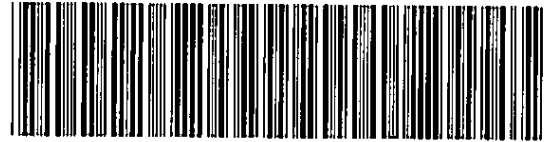
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600373181556

FILED

2021 SEP 14 PM 7:50

SECRETARY OF STATE
TALLAHASSEE, FL

9/23/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOBUP 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:

MATIAS MONASTIRSKY
Name of Person

MEJ PROFESSIONAL SERVICES INC
Firm/Company

345 NE 194TH LANE
Address

MIAMI FLORIDA 33179
City/State and Zip Code

MATIAS@MEJACCOUNTING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATIAS MONASTIRSKY at (954) 505-3219
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

GLOBAL LLC

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RAIDEN, VIRGILIO G	323 S 21ST AVENUE	<input type="checkbox"/> Add
		STE C	<input checked="" type="checkbox"/> Remove
		HOLLYWOOD FLORIDA 33020	<input type="checkbox"/> Change
MGR	LATAM REAL ESTATE INC	323 S 21ST AVE	<input checked="" type="checkbox"/> Add
		STE C HOLLYWOOD	<input type="checkbox"/> Remove
		FLORIDA 33020	<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
			<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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPT EMBER 7TH, 2021

MATIAS MONASTERIO
Typed or printed name of signee

Filing Fee: \$25.00