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2021 SEP | 4 PM 7: 50 SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co			·
SUBJECT:	GLOBUH	? LEC	
		nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MATIAS	MONASTIPSRY Name of Person	
		Name of Person	
	MEJ Pashe	Firm/Company	ES INC
	·	Firm/Company	
	345 NE	1947/ /11/2	
	11) 72	1947H LANE Address	
	MIAMI P	City/State and Zip Code MEJACCOUNTING . City be used for future annual report no	
	•	City/State and Zip Code	
	MATIASO	METACCOUNTING. C	COM
	E-mail address; (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
,			
MATIAS MO	NASTIRSKY	at (<u>\$54</u>) <u>505-</u> Area Code Daytir	3219
Name (of Person /	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
₹ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is carlosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Division of C		Registration Se	
P.O. Box 632	•	Division of Co The Centre of	•
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBUP LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	·······
The Articles of Organization for this Limited Liability Company Florida document number <u>V21000 3 94 490</u>	were filed on <u>9/3/2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	hbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		202
1	>	S S
Enter new mailing address, if applicable:	AHAS	P I
Mailing address MAY BE A POST OFFICE BOX)	O C	
B. If amending the registered agent and/or registered office a igent and/or the new registered office address here:	address on our records, <u>enter the nan</u>	ń C
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	779	and Court

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGK_	RAIDEN VIRGILIO G	323 5 2151 AVENUE	DAdd
		STE C	
		HOUYLOOD PLOKIDA 33020	^ □Change
MGR	LATAM REAL ESTATE	WC 323 5 21ST AVE	MAdd
		STE C HOLLY WOOD	□Remove
		GORIDA 33020	□Change
			🗆 Add
			□Remove
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fective date, if other than	n the date of filin	g:		(optional)	
an effective date is listed, the dat ote: If the date inserted in the	his block does not i	meet the applicabl	late of filing or more the e statutory filing req	ian 90 days after filing. juirements, this date) Pursuant to 605.0207 (will not be listed as t
ocument's effective date on t	the Department of S	State's records.			
record specifies a delayed eff i is filed.	lective date, but no	t an effective time	, at 12:01 a.m. on th	e earlier of: (b) Th	e 90th day after the
	FAT	. 20U			
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Filing Fee: \$25.00