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## **COVER LETTER**

Registration Section

Division of Corporations

TO:

	Global Sourcing LLC	•	e E	•
SUBJECT:	Name of Lim	ited Liability Company		€.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Henry Koche			
		Name of Person		-
	Advantage Global Sourcin	g. LŁC		
		Firm/Company		-
	619 SW 6th Aveneu			
		Address		-
	Fort Lauderdale FL 33315			
		City/State and Zip Code		-
	hank@advantage-sourcing.			
	E-mail address: (	to be used for future annual report n	otification)	
For further information c	oncerning this matter, please c	all:		
Henry Koche		954 599-4265		
Name o	t Person	Area Code Days	ime Telephone Numbe	r
Enclosed is a check for t	ne following amount:			
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Mailing Addres Registration 5	Section	Street Address: Registration S	Section	
Division of C P.O. Box 632	· ·	Division of C The Centre of	•	
Tallahassee, 1			roe Street, Suite 8	310

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Advantage Global Soulcing US

(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 Florida document number $\frac{L21000403042}{L21000403042}$ .	were filed on September 10, 2021	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 Liabil	ity Company," the designation "LLC" or the a	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)		
Maning data as MAT DE AT OST OTT ICE BOM		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	nddress on our records, enter the nar	ne of the new registere
New Registered Office Address:	Enter Florida street address	<u>.</u>
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and ; if this document is

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>	Address	Type of Action
AMBR	Tarpon River Business Services, LI	619 SW 6th Avenue Fort Lauderdale FL 33315	_ <b>≣</b> Add
		All 3 Designs 844 Ave Simon Bolivar Santo Domingo	) _ ≣Remove
			_ □Change
			_ 🗆 Add
			□Remove
			_ □Change
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effe e: I	December 15, 2021  (optional)  tive date, if other than the date of filing:  (optional)  (it is date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records.
cord	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
s file	d.
ed _	2-09-2021
	Line /
	Signature of a member of amember are authorized representative of a member