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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Cohrad Global Services Company 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:
Martha R. Ortiz Name of Person Conrad Glubal Services Company LLC
Firm/Company 1 7
Pompano Beach FC 33069  City/State and Zip Code  Convadalum Service II Cagmail. Com  E-mailladdress: (To be used for future annual report notification)
For further information concerning this matter, please call:
Martha Raguel Ortiz at 501, 351-4189  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee  \$30,00 Filing Fee &

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 ARTICLES OF ORGANIZATION

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Conrad Global Ser	VICES Company 117
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records. All 7: 19
(A Frontia Ellinea I)	○ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
he Articles of Organization for this Limited Liability Company	were filed on 12/1/202 STATE and assigned
lorida document number <u>L21000511037</u>	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabil	lity company here:
NIA	
he new name must be distinguishable and contain the words "Limited Liabili	<u> </u>
nter new principal offices address, if applicable:	NIA - Same
Principal office address MUST BE A STREET ADDRESS)	
	4.15
nter new mailing address, if applicable:	NIA
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office ac gent and/or the new registered office address here:	ddress on our records, enter the name of the new register
Name of New Registered Agent:	NIN
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
ew Registered Agent's Signature, if changing Registered Agent:	
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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

Title	<u>Name</u>		Address	Type of Action
ember	Managed	Martha R. Orti	2	□Add
				□Remove
	,		GOYMISTY Oaks Lane Pump Beach FC 33049	20 Change
CFO	Jorg	<u>C</u> ContaleZ	· · · · · · · · · · · · · · · · · · ·	□Add
		3300 H Palm Air Dr Apt & Pompano Beach FC 33069	Remove	
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-	Martha R. Ortiz Goy Misty Daks Lane Pumpano Beach FC 33069
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7	TO Parales William is love ( ) = 100
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	e date, if other than the date of filing:(JU /2022(optional)
<u>te:</u> If	tive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
unen	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 fileo	i.
ed	June 14, 2027
ed	JUNE 10 1 SONO.
	Months R. Cost
- <del>-</del>	Signature of a member or authorized representative of a member  Martha R. Ortiz

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