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| PICK-UP | WAIT MAIL |
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| | (Business Entity Name) |
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| Special Instructions to | > Filing Officer: |
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COVER LETTER

TO: Registration Section Division of Corporations

WHEN WE UNITE, LLC

SUBJECT: _

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:

VERONICA VALDEZ

Name of Person

GLOBAL HOSPITALITY CONCESSIONS, LLC

Firm/Company

PO BOX 2566

Address

ORLANDO, FL 32802

City/State and Zip Code

VERONICAVALDEZ407@GMAIL.COM

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

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

🗮 \$25.00 Filing Fee -

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| WHEN WE UNIT | | | |
|---|-------------------------------|--------------------------|--|
| (Name of the Limited Liability Company as (A Florida Limited Liabili | it now appears ly Company) | on our records.) | |
| The Articles of Organization for this Limited Liability Company were Florida document number | filed on | (2/17/2021 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability | company her | <u>e</u> : | |
| GLOBAL HOSPITALITY CONCESSIO | DNS, LLC | | |
| The new name must be distinguishable and contain the words "Limited Liability Co Enter new principal offices address, if applicable: | mpany," the des | ignation "LLC" or the ab | obreviating "L.L.C." 23 11 11 11 |
| (Principal office address MUST BE A STREET ADDRESS) | | | ດ ຫຼ |
| | | | |
| Enter new mailing address, if applicable: | | | |
| | | | |

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 sweet addres | N |
| | , F1 | orida |
| | City | Zip Code |

New 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 |
|--------|------------|--------|
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| Title | Name | Address | <u>Type of Action</u> |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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| tive date, if other than the date of filing: | (optional) |

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 | DECEMBER 5 2023 | |
|---------|--|--|
| | Unsusce Mala | |
| <u></u> | Signature of a member or authorized representative of a member | |
| | VERONICA VALDEZ | |
| | Typed or orinted name of signer | |

Typed or printed name of signce

Filing Fee: \$25.00