7/21/22, 10:24 AM

Page: 1 of 5

2022-07-21 14:34:45 GMT Division of Corporations 19546970677

From: Paulo Gomes

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GOMES INSURANCE & ACCOUNTING CORP

Account Number : I20200000161 Phone : (954)531-1451 Fax Number : (954)697-8677

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FREEDOM GLOBAL GROUP LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Help

JUL 21 2022

K. Brumbley

Page: 2 of 5 2022-07-21 14:34:45 GMT 19546970677 From: Paulo Gomes To: Sunbiz Amendment

COVER LETTER

	gistration Sec ision of Corp						
SUBJECT		GLOBAL GROUP LLC					
SUBJECT: Name of Limited Liability Company							
The enclose	d Articles of A	Amendment and fee(s) are subr	nitted for filing.				
Please retur	i alt correspoi	ndence concerning this matter t	o the following:				
		PAULO GOMES					
			Name of Person	ur udin a dan a Adelay din may humin iyan didanamin bir Masa			
		GOMES INSURANCE & :					
			Firm-Company	The second of the same of the second of the			
		240 LOCK ROAD					
		V	Address				
		DEBRFIELD BEACH, FL.		*			
		HEATRIZ@GOMESINS.C	City/State and Zip Code				
			o be used for future unitual repor	a natification)			
For further	information co	oncerning this matter, please ca	all:				
PAULO GO	OMES		954 832236 at ()	·()			
	Name o	f Person	Area Code D	laxime Telephone Number			
Enclosed is	a check for tl	ne following amount:					
■ \$25,00	Filing Fee	(1) \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status &			

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314

Street Address:

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

(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address: New Registered Office Address:	registered office address on our rece	ords, <u>enter the n</u>	aine of th	2022 JUL 21	registere
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•	POV)				
Enter new mailing address, if applicable:	A STATE OF THE STA	•	•		
(Principal office address MUST BE A STREE	ET ADDRESS)				_
Enter new principal offices address, if applic					
The new mame must be distinguishable and contain the w	vords "Limited Liability Company." the design	mation "LLC" or the	abbreviati	on "E.I.	.C
A. If amending name, enter the new name of					
This amendment is submitted to amend the follo	owing:				
Florida document number 1.22000013648	 `				
The Articles of Organization for this Limited Li		2022	an	d assig	med
	ed Liability Company as It now appears on (A Florida Limited Liability Company)				

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.

Gustavo Munity

16 Changing Registered Agent, Signature of New Registered Agent

To: Sunbiz Amendment Page: 4 of 5 2022-07-21 14:34:45 GMT 19546970677 From: Paulo Gomes Oncolsign Envelope ID: 703A5442-9872-4B7D-9C26-1AF5EE433737 Pathenology 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
MGR	AMANDA C BROWN BARREDC	2700 S OAKLAND FORREST DRIVE #106, OAK	JLA IJAdd
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