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SECRETÁRY OF STATE

ONE CORPORATION

ONE

JIN 23 2022

## **COVER LETTER**

	Registration Se Division of Cor			
CHDIC	tres	MARACAIBO LLC		
SUBJEC	.1;	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		JEREMY BALCARCEL		
			Name of Person	
			Firm/Company	
		3440 BEAU RD		
			Address	<del>''</del>
		KISSIMMEE,FL 34746		
			City/State and Zip Code	<del></del>
		jeremybalearcel@gmail.cor E-mail address: (	n to be used for future annual report	notification)
For furth	er information c	oncerning this matter, please ca		·
JEREMY	Y BALCARCEL		÷1 3214995	123
	Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		<u>Street Addres</u> Registration	
	Division of C	orporations	Division of	Corporations of Tallahassee
	P.O. Box 632 Tallahassee, 1			nroe Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LACTEOS MARACAIBO LLC

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now apport Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000104168</u> .	y were filed on _	02/28/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company	<u>here</u> :	
GLOBAL BUSINESS JGB, LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the	e designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>	
(Principal office address MUST BE A STREET ADDRESS)		-	· · · · · · · · · · · · · · · · · · ·
			··-
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, enter the name	of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter F	lorida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>::</u>		
I hereby accept the appointment as registered agent and ag- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance provided for in	of my duties, and I am fa 1 Chapter 605, F.S. Or, i	miliar with and f 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	BRAULIO GONZALEZ	4506 ALBERTO CIRCLE. KISSIMMEE,FL 34746	<b>=</b> Add
			□Remove
			🗆 Change
			□Add
			🗆 Remove
			□Change
			🗆 Add
			□Remove
			Change
	<del></del>		🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

If an c Note:	tive date, if other than the date of filing:  04/28/2022  (optional)  frective 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 605.0207 (3)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
e reco rd is f	ord 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 illed.
Dated	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00