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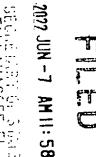
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO:

TO: Registration Sec Division of Corp				
GLOBAL I				
SUBJECT:	Name of Limit			
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.		
	ndence concerning this matter t			
	JOSE D SIRA PINTO		_	
		Name of Person		
	GLOBAL 11 LLC			
		Firm/Company		
	19370 COLLINS AVE 101	4		
		Address		
	SUNNY ISLES BEACH, F	FL 33160		
		City/State and Zip Code		
	ustuempresa@gmail.com		arittearian)	
		to be used for future annual report n	ouncarion)	
For further information c	oncerning this matter, please ca	all:		
JOSE D SIRA PINTO		786 340-0372 at ()		
Name o	f Person	Area Code Dayı	ime Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre		Street Address: Registration		
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 633	27	The Centre o		
Tallahassee.	FL 32314	2415 N. MOI	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ' TO ARTICLES OF ORGANIZATION **OF**

FILED

GLOBAL 11 LLC

2022 JUN -7 AM 11:58

(Name of the Limited L (A F	<mark>iability Com</mark> Iorida Limite	pany as it now appears on outgecords.) d Liability Company) TALLA	ARY LESTURE
		IALLA	HASSEE, FL
The Articles of Organization for this Limited Liabil	-	ny were filed on 05/07/2022	and assigned
lorida document number 1.22000216975	·		
his amendment is submitted to amend the following	ng:		
a. If amending name, enter the new name of the	limited lia	ability company here:	
NA			
he new name must be distinguishable and contain the words	"Limited Lia	bility Company." the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NA	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		NA	
Mailing address MAY BE A POST OFFICE BOX	i)		
with the second	<u>.,</u>	-	
3. If amending the registered agent and/or regis agent and/or the new registered office address he Name of New Registered Agent:		e address on our records, <u>enter th</u>	e name of the new regist
New Registered Office Address:	A		
		Enter Florida street address	
<u>N</u>	Α	Flori	da ^{NA}
_		City	Zip Code

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	SERGIO CABELLO	19370 COLLINS AVE. APT 1014	■Add
		SUNNY ISLES BEACH, FL 33160	□Remove
			□Change
NA	NA	NA	□Add
			□Remove
			□Change
NA	NA	NA	□ Λ dd
			□Remove
		 	□ Change
NA	NA	NA	□Add
			□Remove
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NA	NA	NA	□Add
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NA	NA	NA	□Add
			□Remove
			□ Change

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	NA NA				
ffective date, if other than the da an effective date is listed, the date must be	te of filing:			ional) er filing i Pursuant to 605	i5 ()2i
Tote: If the date inserted in this block ocument's effective date on the Depa.	does not meet the app	dicable statutory fi			
ocument s circuit cane on the isepa.	innent of state s recor	us.			
e record specifies a delayed el	ffective date, but	not an effective	e time, at 12:01	a.m. on the earli	ier
The 90th day after the record	l is filed.				
ated	2022				
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	enature of a member or at	se Sira			