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## **COVER LETTER**

Globa SUBJECT:	al Experiences LLC	
SUBJECT:	Name of L	imited Liability Company
The enclosed Artic	Name of Limited Liability Company  d Articles of Amendment and fee(s) are submitted for filing.  n all correspondence concerning this matter to the following:    Jamil Lang	
Please return all con	rrespondence concerning this matt	er to the following:
	Jamil Lang	
		Name of Person
	Global Xperiencez LLC	
		Firm/Company
	111 North Ave Suite 800	)
		Address
	Orlando, FL 32801	
		·
	•	
For further information		·
Jamil Lang		
N	ame of Person	
Enclosed is a check	for the following amount:	
<b>≡</b> \$25,00 Filing F		Certified Copy Certificate of Status & Certified Copy  (additional copy is enclosed) Certified Copy
	<del></del>	
Division	of Corporations	Division of Corporations
	6327 see, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
· wimitto	·, · · · · · · · · · · · · · · · · · ·	2713 iv. Womoe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global Experiences LLC				TALL.	2022	
•	ited Liability Comp	any se if now annears on o	ur records )	<u> </u>	$\equiv$	
	(A Florida Limited	any as it now appears on o Liability Company)	di records.)	ASS	ζ.	<u></u>
The Articles of Organization for this Limited I	Liability Company	were filed on	122	而。 and assig	-	iTi (Ti
Florida document number L22000261967						-
This amendment is submitted to amend the fol			10 mm	2: 42		
A. If amending name, enter the new name	of the limited liab	ility company here:				
Global Xperiencez LLC						
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	tion "LLC" or the abbre	eviation "L.L.)	C."	
Enter new principal offices address, if appli	icable:	111 North Orange Av	e.			
(Principal office address MUST BE A STREET ADDRESS)		Suite 800		· · · · · · · · · · · · · · · · · · ·		_
		Orlando, FL 32801			2: 42	
Enter new mailing address, if applicable:		111 North Orange Av	ve.			
(Mailing address MAY BE A POST OFFICE	E BOX)	Suite 800				_
		Orlando, FL 32801			2: 42	_
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a	address on our record	s, <u>enter the name c</u>	of the new i	regist	ered
Name of New Registered Agent:	Jamil Lang					_
New Registered Office Address:	111 North Oran	ige Ave. Suite 800				
		Enter Florida stre	eet address	<del></del>		_
	Orlando		, Florida <sup>32801</sup>	1		
		City		Zip Code		-

## 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.

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>	Name	Address	Type of Action
MGR	Amber Smith	12 Zinnia Ln	□Add
		Poinciana, FL 34759	
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			Remove
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Effective date, if other than the (If an effective date is listed, the date mu Notes. If the date in contact is think.	e date of filing:		(option	nal)	
ivote. If the date inserted in this b	lock does not meet the a	ipplicable statutory ti	r more than 90 days after f ling requirements, this	iling.) Pursuant to 60 date will not be lis	)5,0207 ( sted as t
document's effective date on the D	Department of State's rec	cords.			
ne record specifies a delayed effective ord is filed.	e date, but not an effect	tive time, at 12:01 a.i	n. on the earlier of: (b)	The 90th day aft	er the
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Dated	22//	//.		<del>( — )</del> - منع	<u>)</u> ? J
<del></del>				HASSE	2022 JUN 21
				702	$\sim$
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	Signature of a premoer or	authorized representat	ve of a member		21 PM

Filing Fee: \$25.00