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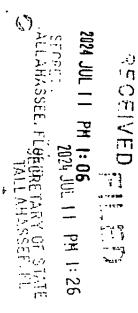
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Se Division of Cor			
	GLOBAL SERVICE LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	WLADEMIR DE ARRUD	A RANGEL	
		Name of Person	
		Firm/Company	
	2203 LAKE DEBRA DRI		
		Address	
	ORLANDO, FL 32835		
For further information c	E-mail address: (City/State and Zip Code Code	tion)
WLADEMIR DE ARRU	JDA RANGEL	407 285- a	CNA
Name o	f Person	at (404) 285 - A Area Code Daytime To	elephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional epitalis enclosed)
Mailing Addres		Street Address:	7 P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Registration Section Division of Corporations		Registration Section Division of Corpo	on in a
P.O. Box 6327		The Centre of Tall	
Tallahassee, l		2415 N. Monroe S	
·		Tallahassee, FL 33	2303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RANGEL GLOBAL SERVICE LLC		
(<u>Name of the Limited</u>	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
he Articles of Organization for this Limited Lia lorida document number 1.22000331874	bility Company were filed on 07/27/2022	and assigned
his amendment is submitted to amend the follow	ving:	
a. If amending name, enter the new name of	the limited liability company here:	
he new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE E</u>	<u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on our records, <u>enter the</u> s here:	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	da
	City	da 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 Pain familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Pr. 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	SUELI ROSA DA SILVA	2203 LAKE DEBRA DR APT. 115	□Add
		ORLANDO, F1, 32835	= Remove
			□Change
			□Add
			□Remove
			□Change
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effective date is listed, the d	late must be specific	and cannot be prior	r to date of filing o	or more than 90 days after	filing.) Pursuant to 605.0	020
te: If the date inserted in	this block does no	ot meet the applic	cable statutory i	iling requirements, this	date will not be liste	d a
ument's effective date on	the Department C	a State 8 records	•		707 S1	
					2024 J SECF	3
cord specifies a delayed e s filed.	ffective date, but i	not an effective t	ime, at 12:01 a.	m, on the earlier of: (b)	1 The 90th Hay after	the
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	- Signature of	f a member or auth	orized represents	live of a member	1 10	
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