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(Requ	estor's Name)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Docu	ment Number)	
Certified Copies	Certificates	of Status
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SECRETARY OF STATE

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COVER LETTER

TO:		istration Sect ision of Corpo					
6111111	£ 3.11°	GLOBAL FO	OD SOLUTIONS LLC				
SUBJE	CI;		Name of Lin	nited Liability Company			
The enc	losed	Articles of Ai	mendment and fee(s) are sub	omitted for filing.			
Please re	eturn	all correspond	lence concerning this matter	to the following:			
			MARTIN LOPEZ				
				Name of Person	-		
			THE COMPANY MAKE	R LLC			
			-	Firm/Company	_		
			1635 SW 19TH TERRAC	E UNIT B			
			***************************************	Address	_		
			MIAMI, FL, 33145				
			martin@thecompanymaker	City/State and Zip Code	_	_	
			E-mail address: ((to be used for future annual report notification)	SEC	2022	
For furth	her ir	iformation con	cerning this matter, please c	all:	RET	2022 SEP 26	
Martin I	Lope	z		786 757-1227	NHAY AHAY		limin. Edmin
_		Name of P	erson	Area Code Daytime Telephone Numbe	OF ST	PH 2: 41	
Enclosed	d is a	check for the	following amount:		- A	Ŧ_	
■ \$2 5	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Stati		

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 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

GLOBAL FOOD SOLUTIONS LLC

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000334060 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	were filed on 07/28/2022	and assigned
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	22 SEP 26 PH 2 H name of the new registered
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street address	
	, Florid	aZip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>{</u>	
I hereby accept the appointment as registered agent and agr 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.	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if 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
MGR	Imit Kaur	2315 NW 107 AVE, STE 1B12/B13	= Add
		MIAMI, FL 33172	□ Rеточе
			□Change
			
			□Remove
			□ Change
			SEC
			RETAR
			YOF STATE
			☐ □ Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			

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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of lote: If the date inserted in this block does not meet the applicable sta	of filing or more than 90 days after filing.) Pursuant to 605.02 itutory filing requirements, this date will not be listed
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at listilled.	12:01 a.m. on the earlier of: (b) The 90th day after the
lated September 15, 2022.	
Pated September 15, 2022.	
Signature of a member or authorized re	presentative of a member)
of Blacket of a member of adminimed to	procedure of a monto-cy

Filing Fee: \$25.00