L22000369774

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COVER LETTER

TO: Registration Section **Division of Corporations** GLOBAL EDUCATION AND MIGRATION SERVICES LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: WILLIAM SANZ Name of Person GLOBAL EDUCATION AND MIGRATION SERVICES LLC Firm/Company **485 GANLEY STREET SW** Address PALM BAY, FL 32908 City/State and Zip Code miami@stunet.com.au E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: WILLIAM SANZ Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■ \$25.00** Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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 EDUCATION AND M			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Florida document number L22000369774	Liability Company	y were filed on 08/22/2022	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lial	bility company here:	
GOODS & GLOBAL SERVICES LLC			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		20:
-			لد: مست م
			-; !
Enter new mailing address, if applicable:		N/A	æ
(Mailing address MAY BE A POST OFFICE BOX)			
Muning Junitess MAT BE AT OST OTTICE	<u> </u>		
			
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, enter the	name of the new register
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
-		Enter Florida street address	
	N/A	E79. I	. N/A

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.

City

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
N/A	N/A	N/A	□ Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
		<u> </u>	□Add
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THE PROVISION OF EDU	ICATION AND MIGRATION ADVICE SERVICES
TRADE AND LOGISTICS	SERVICES
PROPERTY MANAGEME	INT SERVICES
REAL ESTATE	
	
	te date of filing:(optional) ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 plock does not meet the applicable statutory filing requirements, this date will not be listed as
ument's effective date on the D	
cord specifies a delayed effectives filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	, 2023
	11 11 11

Typed or printed name of signee