## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

52 ⇔

Fax Number

Account Name : GLOBAL SUCCESS INVESTMENTS LLC

Account Number : I20200000016

Phone : (954)903-4036 : (954)246-0340

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

|       |          | ·                                      |
|-------|----------|--|
| Email | Address: | ************************************** |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GPSEC USA LLC**

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
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## **COVER LETTER**

| ro:          | Registration Sec<br>Division of Corp | orations                                     |   |   |
|--------------|--------------------------------------|--|---|---|
|              | ·                                    | GPSEC USA LĹC                                |   |   |
| SUBJE        | CT:                                  | Name of Limit                                | ted Liability Company   |   |
|              |                                      | amendment and fec(s) are subr                | •   |   |
| i icasc i    | return an correspon                  | JORGE VALLEJO                                |   | •   |
|              |                                      |  | Name of Person  |   |
|              |                                      | GPSEC USA LLC                                | 2   |   |
|              |                                      |  | Fimt/Company  |   |
| •            | 1860 N PINE ISLAND RDSUITE 106       |  |   |   |
|              |                                      |  | Address   |   |
|              |                                      | PLANTATION, FL 33322                         | ·   |   |
|              |                                      |  | City/State and Zip Code   |   |
|              |                                      | monica,perez@taxcareine.co                   | oti<br>to be used for future annual report no                       | tification)   |
| For fur      | rther information co                 | oncerning this matter, please co             | all:  |   |
| Monic        | a Perez                              |  | 786 259 4259  |   |
|              | Name of                              | Person                                       | Area Code Daytii  | me Telephone Number   |
|              |                                      |  |   |   |
| Enclos       | sed is a check for th                | e following amount:                          |   |   |
| <b>≘</b> \$2 | 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 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

Fax: 15542460340

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GPSEC USA LLC  |  |                                    |           |
|--|--|------------------------------------|-----------|
| (Name of the Limited Liability Co<br>(A Florida Limi   | mpany as it now appears on our r<br>ted Liability Company) | ecords.)                           | •         |
| The Articles of Organization for this Limited Liability Comp   | any were filed on 10/18/2022                               | and assigned                       |           |
| Florida document number L22000449374   |  |                                    |           |
| This amendment is submitted to amend the following:  |  |                                    |           |
| A. If amending name, enter the new name of the limited   | liability company here:                                    |                                    |           |
| The new name must be distinguishable and contain the words "Limited I.   | lability Company," the designation                         | "LLC" or the abbreviation "L.L.C." |           |
| Enter new principal offices address, if applicable:  |  | 2022                               |           |
| (Principal office address MUST BE A STREET ADDRESS   | 5)   |                                    | 3         |
|  |  |                                    |           |
| Enter new mailing address, if applicable:  |  | <u> </u>                           | r<br>C    |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                                    | C         |
|  |  | <u> </u>                           |           |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here: | fice addréss on our records, g                             | enter the name of the new register | <u>ed</u> |
| Name of New Registered Agent:  |  |                                    |           |
| New Registered Office Address:   | Enter Florida street                                       | address                            |           |
|  |  | , Florida                          |           |
|  | Cay  | Zip Code                           |           |
| New Registered Agent's Signature, if changing Registered Ag  | gent:  | ·                                  |           |
| •  |  | and the state of the state of      | t         |

I horeby 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.

From: Nathaly Cuartas Fax: 19342460340

To: Agent Amnd Florida

Fax: (850) 617-6383

Page: 5 of 6

10/20/2022 5:29 PM

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 |
|---|-----------------|--|----------------|
| MMGE                                    | JORGE G VALLEJO | CALLE 53 97 55CALI, VA 76002-6 CO  | □Add           |
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|   |                 |  | □Change        |
| MMGR                                    | JORGE G VALLEJO | CALLE 53 97 55CALL VA 76002-6 CO   |                |
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| Effective date, if other than the offective date, if other than the offective date is listed, the date on this becoment's effective date on the offective date on the offective date. | HOCK GOES NOT MOUT IN    | appricable statutory ii  | (optional) monethan 90 days after filiag ling requirements, this date | )<br>L.) Pursuant to 605 0707 (<br>e will not be listed as t |
| e record specifies a delayed effect<br>ad is filed.   | ve date, but not an effe | retive time, at 12:01 a.r  | n, on the earlier of: (b) T   | he 90th day after the  |
| OCTOBER 20  | 2022                     | ?  |   |  |
| mad   |                          |  |   |  |
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