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(Document Number)
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## **COVER LETTER**

	Registration Ser Division of Corp			
		AUTY SOLUTIONS LLC		
SUBJEC	T:	Name of Limi	ted Liability Company	···········
The encl	osed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please re	turn all correspo	indence concerning this matter	to the following:	
		Zahava Arenov		
			Name of Person	
		ORB CPA PA		
			Firm/Company	
		1000 S STATE RD 7		
			Address	
		PLANTATION, FL 33317		
			City/State and Zip Code	
		NEWAG27@GMAIL.COM	to be used for future annual report no	ປີໄດ້ຕາໃຈກາ
For furth	ner information o	concerning this matter, please co	·	
SIVAN	ALON LEE		772 812-8581 at ()	
	Name o	of Person	Area Code Daylii	me Telephone Number
Enclose	d is a check for t	he following amount:		
置 \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre	Section	Street Address: Registration S	
	Division of C	Lorporations	Division of Co	orporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INOUT BEAUTY SOLUTIONS LLC		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Company were filed Florida document number L22000458832	on <u>10/25/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	any here:	
GLOBAPORT LLC		
The new name must be distinguishable and contain the words "Limited Liability Company	"," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		13.
t timethin affice and essential as a second second		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		<del>11                                   </del>
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	a our records, <u>enter the n</u>	ame of the new regist
Name of New Registered Agent:		
New Registered Office Address:	nter Florida street address	
	, Florida	
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 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
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			□Remove
			☐Change
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ective date, if other than th	e date of filing:			(optional)	
effective date is listed, the date m	ust be specific and canno	x be prior to date (	of filing or more than 🤉	00 days after filing.) I	ursuant to 605.0
te: If the date inserted in this is ument's effective date on the li			nutory mang require	ements, this date w	ill not be listed
cord specifies a delayed effect	ive date, but not an ef	fective time, at	12:01 a.m. on the ea	arlier of: (b) The	90th day after 1
s filed.					
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Sentember 20	202	24			
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