

L22000521341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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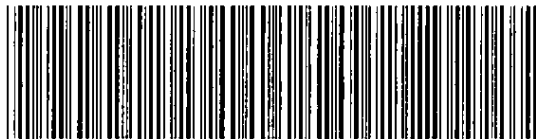
(Business Entity Name)

(Document Number)

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S. FRANKLIN

AUG 13 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GLOBAL BUSINESS PRO LLC

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:

JOSWAL HERNANDEZ

Name of Person

GLOBAL BUSINESS PRO LLC

Firm/Company

301 WHISTLING DUCK TRL

Address

ST CLOUD, FL, 34771

City/State and Zip Code

globalbp.llc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSWAL HERNANDEZ

832 987 8474
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GLOBAL BUSINESS PRO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/13/2023 and assigned
Florida document number L22000521341.

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 Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

301 WHISTLING DUCK TRL, ST CLOUD, FL 34771

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

301 WHISTLING DUCK TRL, ST CLOUD, FL 34771

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JOSWAL HERNANDEZ

New Registered Office Address:

301 WHISTLING DUCK TRL

Enter Florida street address

ST CLOUD

City

Florida 34771

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ROSALES BOSCAN, GERARDO	3143 United Kingdom Circle, Apt 2717	<input type="checkbox"/> Add
		Winter Park, FL, 32792	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HERNANDEZ, JOSWAL	301 Whistling Duck Trl, St Cloud, FL, 34771	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	HERNANDEZ, JOSUE	301 Whistling Duck Trl, St Cloud, FL, 34771	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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16 PM

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 06/29/2023

J — 13

Signature of a member or authorized representative of a member

JOSWAL HERNANDEZ

Typed or printed name of signee