

**L2300061888**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

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SEP 19 AM 11:14  
DIVISION OF CORPORATIONS  
FLORIDA

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CCET LLC

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SEP 20 2023

# COVER LETTER

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TO: Registration Section  
Division of Corporations

SUBJECT: CCEP LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOVETTE DOBSON  
Name of Person

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Firm/Company

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17350 STATE HWY 249 #220  
Address

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HOUSTON TX 77064  
City/State and Zip Code

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EFILE1234@INCFILE.COM  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON at (            ) 8884623453  
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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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CCET 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 02/02/2023 and assigned Florida document number L23000061888

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

**GLOBALROCK 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ROBERTO J. LOPEZ	10011 WINDING LAKE RD	<input type="checkbox"/> Add
		APT 202	<input checked="" type="checkbox"/> Remove
		PLANTATION, FL 33322	<input type="checkbox"/> Change
AMBR	Jose Luis Garcia	10011 Winding Lake Road	<input checked="" type="checkbox"/> Add
		# 202	<input type="checkbox"/> Remove
		Sunrise, FL 33351	<input type="checkbox"/> Change
AMBR	Eduardo Lulli	10011 Winding Lake Road	<input checked="" type="checkbox"/> Add
		# 202	<input type="checkbox"/> Remove
		Sunrise, FL 33351	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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If amending any other information, enter changes here. *(If no additional information is necessary, leave blank.)*

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Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(If the effective date is other than the date of filing, you must file a copy of this statement with the appropriate filing jurisdiction on the date set forth below and the effective date must be recorded in the official records of that jurisdiction.)*

This statement specifies a date of effectiveness, but not an effective time, at \_\_\_\_\_ on the \_\_\_\_\_ day after the filing of this statement.

on September 18

2013

Jose Luis Garcia

Signature of member or authorized representative of a registrant

Jose Luis Garcia

Printed name of member or authorized representative