

L23000115074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

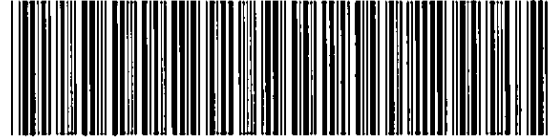
(Document Number)

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J. HORNE  
MAY 10 2023

Office Use Only



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FILED  
2023 MAY 10 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

STATE OF FLORIDA OFFICE OF REVENUE

RECEIVED  
2023 MAY 10 AM 11:59  
OFFICE OF REVENUE  
TALLAHASSEE, FL 32399

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Global 12 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:

Sharmalee Johnson  
Name of Person

\_\_\_\_\_  
Firm/Company

4300 N Ocean Blvd 12D  
Address

Fort Lauderdale, FL 33308  
City/State and Zip Code

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

For further information concerning this matter, please call:

Sharmalee Johnson at (954) 812 5201  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(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 12 LLC

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

**FILED**

2023 MAY 10 AM 11:53

SECRETARY OF STATE  
HASSELT

The Articles of Organization for this Limited Liability Company were filed on 3/04/2023 and assigned Florida document number L23000115074.

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 "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**

ed Person(s) authorized to manage, enter the title, name, and address of each person being added  
our records:

Manager

= Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sharmalee Johnson	4300 N Ocean Blvd	<input type="checkbox"/> Add
		120	<input type="checkbox"/> Remove
		Fort Lauderdale FL	<input checked="" type="checkbox"/> Change
MGR	Albert Price	4300 N Ocean Blvd 120	<input checked="" type="checkbox"/> Add
		Fort Lauderdale FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ronny Arteaga	4300 N Ocean Blvd 120	<input type="checkbox"/> Add
		Fort Lauderdale FL 33309	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
GR	Raimy Coomano	4300 N Ocean Blvd 120	<input type="checkbox"/> Add
		Fort Lauderdale FL 33309	<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

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

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

(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 May 9<sup>th</sup> 2023

Signature of a member or authorized representative of a member

Shar-malke Johnson  
Typed or printed name of signee