## L23000137815

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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
GB4 Globa	l Enterprises, LLC		
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Charles Dombek		
		Name of Person	
	Charles Dombek & Co		
	_	Firm/Company	·····
	7230 Shady Grove Rd		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Section Corporations of Tallahassee
		Address	
	Keller, TX 76248		
		City/State and Zip Code	
	charlie@charlesdombek.com		
		to be used for future annual r	eport notification)
For further information c	oncerning this matter, please c	ali:	
Evan Russo		817 8886 at ()	)421
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addres Registration S		Street Ad Registra	dress: tion Section
Division of C			of Corporations
P.O. Box 632	2.7		tre of Tallahassee
Tallahassee, I	FL 32314	2415 N.	Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GB4 Global Enterprises, 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  $\frac{3/17/2023}{1}$ and assigned Florida document number <u>L23000137815</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: G4B Global Enterprises, 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 New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New 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 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
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Change
			□Remove
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