123000203834

Office Use Only



10/02/23--01021--024 ++25.00

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Global Morena 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:					
Francesca Rodriquez Nambel Person					
Global Morena LLC Firm/Company					
729 NW2nd Street Apt 511					
Miami Florida 33128 City/State and Zip Code					
Clobal Morence LLC Cognail-Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Francesca Lodriquez at (646) 234-4369 Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
✓ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					

Mailing Address: Registration Section

Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ Global Morena L	<u> </u>
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23000203834</u> .	were filed on $04/25/2023$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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 agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Emer Florida street address
	Florida
	City: Zin 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

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(If an ef Note:	e date, if other than the date of filing:
he recol ord is fi	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 d.
	_

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							
Title	Name	Address	Type of Action				
MGR	Marte, Niesha	729NW21d Street Miami Fl, 33128 DAdd					
			CRemove				
			□Change				
MGR	Maulet, Arthur T	729 NW 2nd Street Miani Fl, 33	1282] Add				
			_ ZRemove				
			□Change				
MGR	Francescu Rodriguez	729 NW 2nd Street Ad511 Miami Fl 33128	_ Add				
		Miami F1 33128	□Remove				
			□Change				
			□Add				
			□Remove				
			_ □Change				
<u>_</u>			_ □Add _				
			_ 🗆 Remove				

_____ □Change