L23000212713

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Edsiness Likky Name)
(Document Number)
(Document Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800411095158

06/26/23--01034--030 **55.00

TELL 1 1126 PH 5: 12



R. HUNT 06/24/23

COVER LETTER

Registration Section

TO:

Div	rision of Cor	porations		
CUDUCT.	Global Wea	alth Ventures LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Nora Gutierrez		
			Name of Person	
		Global Wealth Ventures		
			Firm/Company	
		1201 SW Emerald Ave		26 1
			Address	
		Port St. Lucie, FL 34953		PM 5: 12
			City/State and Zip Code	
		nora@globalwealthventures		•
		E-mail address: (to be used for future annual report	notification)
For further is	nformation c	oncerning this matter, please c	all:	
Nora Gutien	rez		561 913-3300 at ()	
	Name o	f Person		time Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25,00 I	Filing Fee	S30.00 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)
	iling Addres gistration S		Street Address Registration	
		Corporations	Division of (
P.C	D. Box 632	7	The Centre of	f Tallahassee
Tal	llahassee, I	FL 32314	2415 N. Mor	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global Wealth Ventures LLC						
(Name of the Limited Liability Compa (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 L23000212713		_ and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	oility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	Tity Company " the decignation "I I C"	or the abbrev	istion "I	I C"		
Enter new principal offices address, if applicable:	1201 SW EMERALD AVE	or the aborev	iadoli	G. C.		
(Principal office address MUST BE A STREET ADDRESS)	PORT ST. LUCIE, FL 34953					
			77	-		
			1.3 1			
Enter new mailing address, if applicable:	11582 SW VILLAGE PKWY	<u> </u>	60			
(Mailing address MAY BE A POST OFFICE BOX)	#1219	- <u>SP</u>	o-	E + S		
	PORT ST. LUCIE, FL 34953		_3K ਹਾ	<u> </u>		
D. 16 annualis de maisteral annual se de 1/2 annual		PE,		• • •		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	ie nameioi	tne ne	w registere		
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and provided for in Chapter 605, F.	I am fami S. Or, if th	liar w iis doc	ith and cument is		

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>	Address	Type of Action		
MGR	Nora Gutierrez	1201 SW Emerald Ave, Port St. Lucie, FL 34953	🖹 Add		
			□Remove		
			□Change		
AMBR	Reynaldo Gutierrez	1201 SW Emerald Ave, Port St. Lucie, FL 34953	= Add		
			□Remove		
			Change		
			□Add		
	<u>.</u>		Remove		
		En or service of the	Change		
			□Remove		
			Change		
			□Add		
			□Remove		
			Change		
			🗆 Add		
			□Remove		
			□Change		

 									
				<u> </u>					
		-							
									_
		-							
				<u>-</u>					
							::	202B J	
							<u> </u>		·
							54	26	
				_			38.5	PH	-
	 -						—————————————————————————————————————		
								~	
									_
									_
ffective date, if other than the date an effective date is listed, the date must be spote: If the date inserted in this block document's effective date on the Department.	ecific and oes not m	cannot be proceed the capp	rior to date o		ore than 90		filing.) Pur		
record specifies a delayed effective date is filed.	, but not	an effective	e time, at	2:01 a.m.	on the ear	lier of: (b)	The 90	th day a	ister the
		2023							
June 20			 ·						
ated June 20	<u>,</u>	Zal	0_						

Filing Fee: \$25.00