

# L23000212713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

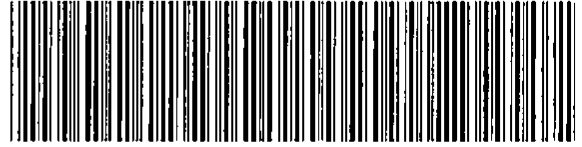
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

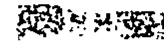


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2023 JUN 26 PM 5:12  
CLERK OF STATE  
TALLAHASSEE, FL

FILED



R. HUNT

06/26/23

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Global Wealth Ventures 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:

Nora Gutierrez

\_\_\_\_\_  
Name of Person

Global Wealth Ventures

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

1201 SW Emerald Ave

\_\_\_\_\_  
Address

Port St. Lucie, FL 34953

\_\_\_\_\_  
City/State and Zip Code

nora@globalwealthventures@org

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

REC'D  
STATE  
OFFICE  
TALLAHASSEE, FL  
JUN 11 26 PM 5:12

ED

For further information concerning this matter, please call:

Nora Gutierrez

561 913-3300  
at ( )

\_\_\_\_\_  
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

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Nora Gutierrez	1201 SW Emerald Ave, Port St. Lucie, FL 34953	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Reynaldo Gutierrez	1201 SW Emerald Ave, Port St. Lucie, FL 34953	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2028 JUL 26 PM 5:12  
CLERK OF STATE  
TALLAHASSEE, FL

2029 JUN 26 PM 5:12  
FLORIDA STATE  
UNIVERSITY

(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)

**Filing Fee: \$25.00**