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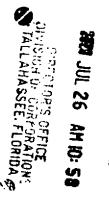
Office Use Only



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To whom it may concern,

I Leanora Massa give Dineka Davis permission to process the amendment for Around the Globe Relocation LLC. Document number L23000341149. If you have any further questions i can be contacted at 305-689-6922. I also give Ms Davis authorization to make any changes on site to the amendment if necessary. I thank you in advance for your immediate attention in this matter.

Respectfully,

Leanora Massa

2023 JUL 26 FIFTH

COVER LETTER

TO:

| TO: Registration S Division of Co | | | |
|-----------------------------------|--|---|---|
| Around the | e Globe Relocation LLC | | |
| SUBJECT. | Name of Lin | nited Liability Company | |
| The enclosed Articles of | *Amendment and fec(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Leanora Massa | | |
| | | Name of Person | |
| | Around the Globe Relocat | ion | |
| | | Firm/Company | |
| | 3223 S US HWY 1 Suite | Al | 79 |
| | | Address | |
| | Fort Pierce, Florida 34982 | | |
| | | City/State and Zip Code | <u> </u> |
| | aroundthegloberelocation@ | | |
| | E-mail address: (| to be used for future annual report notifi | cation) |
| For further information (| concerning this matter, please c | all: | |
| Leanora Massa | | 305 389-6922 at () | |
| Name o | of Person | | Telephone Number |
| Enclosed is a check for t | he 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 Addre | ss: | Street Address: | |
| Registration | | Registration Sect | |
| Division of C P.O. Box 632 | | Division of Corp | |
| Tallahassee. | | The Centre of Ta | Hanassee Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Around The Globe Relocation | | | |
|---|--|---|--|
| (<u>Name of the Limited Liability Compan</u> (A Florida Limited Li | y as it now appears on our rec ability Company) | cords.) | |
| The Articles of Organization for this Limited Liability Company vi Florida document number <u>L23000341149</u> . | vere filed on 7/19/23 | and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the designation "l | 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 adagent and/or the new registered office address here: Name of New Registered Agent: | ldress on our records, <u>en</u> | ter the name of the new registere | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | | Florida | |
| Name Bandakanad Anal 45 City at 16 July 18 July 18 | City | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a | erformance of my duties, ovided for in Chapter 60 | and I am familiar with and 15, F.S. Or, if this document is | |

company has been notified in writing of this change.

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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------------|------------------------------------|----------------|
| AR | ALI ZDOUQ, RAMZI AHMAD | 3223 S US HWY 1FT PIERCE, FL 34982 | □Ađd |
| | | | Remove |
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| AM | Leanora Massa | 3223 S US HWY 1FT PIERCE, FL 34982 | ■Add |
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