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To:

Division of Corporations

Fax Number

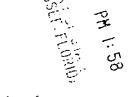
: (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453

Fax Number

: (877)919-2613



Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	EFILE1234@INCFILE.COM
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GLOBAL BITES LLC

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K. SALY

APR - 1 2024

COVER LETTER

TO: Registration Division of C					
	, BITES LLC				
SUBJECT:	Name of Lin	nted Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	LOVETTE DOBSON				
		Name of Person			
	<u></u>	Firm/Company			
	17350 STATE HWY 249	STE 220			
		Address			
	HOUSTON, TX 77064				
		City/State and Zip Code			
	EFFLET234@INCFFLE.CO	M to be used for future annual report not	orthodisms		
For further information	concerning this matter, please c		ontanen)		
LOVETTE DOBSON		at ()			
Name	r of Person	Atea Code Daytir	ne 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 tadditional copy is enclosed)	Ci \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addi</u> Registration		<u>Street Address:</u> Registration Sc	ection		
Division of	Corporations	Division of Co	rporations		
P.O. Box 61 Tallahassee		The Centre of 2415 N. Monro	rananassee oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

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	GLOBAL I	BITES LLC			
ARTICLES OF ORGANIZATION OF GLOBAL BITES 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 [OBJULY2023] and assumed Florida document number 1,23000362550 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing 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 Office Address: Name of New Registered Agent: New Registered Office Address: Name of New Registered Office Address: 2455 State Road 16					
t.	Croma Emmedi	manny Compan	y i		
The Articles of Organization for this Limited Lial	oility Company	were filed on	08/02/2023	and assigned	
Tronda document named	·				
This amendment is submitted to amend the follow	ring:				
A If we will be some and a second sec	1 11	!!!*	. t		
A. It amending name, enter the new name of t	<u>ne iimited hab</u>	ility company	<u>'nere</u> :		
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," th	ie designation "LLC" or th	ne abbreviation "L.L.C."	
Enter new principal offices address, if applical	ole:	2455 State R	oad 16		
		Saint Augustine, FL 32092			
		3.155 Com. D	16		
Enter new mailing address, if applicable:			• •		
(Mailing address MAY BE A POST OFFICE B)	<u>(2X)</u>	Saint August	ine, FL 32092		
B. If amending the registered agent and/or reg	istered office :	address on ou	r records, enter the i	name of the new registered	
agent and/or the new registered office address	<u>here</u> :				
Name of New Registered Agent:					
	2455 State Ros				
New Registered Office Address:	Z 7.7.7 Mills North		Florida sucer address		
	<i>(</i> 2 · · · · · · · · · · · · · · · · · · ·			22.002	
	Saint Augustine		, Florida	1 22092	
		City		Zip 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 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 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
AMBR	JITENDRA PATEL	3669 SHADY WOODS ST S	□Add
		JACKSONVILLE, PL 32224	Remove
			[I]Change
AMBR	MAULIN PATEL	2455 STATE ROAD 16	≣ Add
		SAINT AUGUSTINE, FL 32092	
			☐Change
AMBR	BHAIRAVI PATEL	2455 STATE ROAD 16	□ Add
		SAINT AUGUSTINE, FL 32092	□Remove
			≅ Change
			[7] Add
		•	□Remove
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effective date is listed, the date mu	st be specific an	id cannot be prior	to date of tiling	or more than 90	days after til	ing) Pursoant i	to 605,020
te: If the date inserted in this bouncert's effective date on the E			ible statutory	filing requires	nents, this d	ate will not b	e listed as
	r						
cord specifies a delayed effective	re date, but no	ot an effective til	ne, at 12:01 a	a.m. on the ear	lier of: (h)	The 90th day	zatier the
s filed.					(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21127 1110
March 29		2024					
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		Shai	WILL Post	o Y			
		<u>UIW</u>	01470				
	Signature of a	member or autho	rized represen	tative of a memb	per		_

Filing Fee: \$25.00