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2023 AUG 21 PM 3: 00 SECRETARY OF STATE TALLAHASSEF FATE

COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations							
	INVERSIO	NES GLOBAL EXPRESS LL	C						
SUBJECT:		Name of Lim							
The enclosed	d Articles of	Amendment and fee(s) are sub	emitted for filing.						
Please return	all correspo	ondence concerning this matter	to the following:						
		BLANÇA ZAMBRANO							
			Name of Person		•				
		LUNA ACCOUNTING							
			Firm Company						
		1266 SW 115 WAY							
			Address						
		DAVIE, FL 33325			(n N				
	2023 AUG 2 SECRETAF TALLAH								
		E-mail address: (to be used for future annual report notifi	cation)	G 2 TAR AH	7			
For further in	nformation c	oncerning this matter, please c	all:		15 PR] []			
BLANCA Z	AMBRANC)	786 237-5255		္ကိုင္က မ	grain Imm			
	Name o	f Person		Telephone Number					
Enclosed is a	a check for th	ne following amount:							
■ \$25,00 E	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &				
Mailing Address: Registration Section			Street Address: Registration Sec	tion					
Division of Corporations			Division of Corporations						
	D. Box 632 llahassee, l		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVERSIONES GLOBAL E	XPRESS LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appead Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Companies of Organization for this Organization	y were filed on	08/11/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company h	ere:	
The new name must be distinguishable and contain the words 'Limited Lial	bility Company," the	designation "LLC" or t	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	.	All I	
(Principal office address MUST BE A STREET ADDRESS)			202 SE
			ACR A TO
			LANDE 2
Enter new mailing address, if applicable:			\$22 <u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			Min II (Signature)
	-		(1) (A) (1) (A)
			7 m 8
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our i	records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
		, Florid:	
	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
MGR	ELVIRA GARCIA ALMEIDA	11401 NW 74TH TERRACE, DORAL, FL 33178	= Add
			Remove
			□Change
			🗆 Add
			□Remove
		TALLA	SECRETAR
		Σ Υ 	Personal Property of the Prope
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record specifi I is filed.	īes a delayed	effective date.	but not	an effectiv	ve time, a	t 12:01 a.	m. on the	earlier of	î: (b) - 1	The 90tl	ı day aft	er the
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Filing Fee: \$25.00