

(((H240002115413)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.

Account Number : I20230000190 Phone : (844)449-3624

Fax Number

: (512)597-0678

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

| Fmail | Address: | |
|-----------|-----------|------|
| F1110 7 2 | ~001 5331 | |

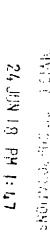
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CURRENT GLOBAL LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

M. SOLOMON JUN 18 2024

Electronic Filing Menu Corporate Filing Menu

Help



2024-06-19 05:08:44 UTC+14

18506176383

From: ZenBusiness User

COVER LETTER

H240002115413

| TO: Registration S Division of Co | | g to the second of the second | 1 |
|--------------------------------------|--|--|--------------|
| * | | | |
| SUBJECT: Current Gi | | · | |
| | Name of Lin | alted Ulability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspondent | ondence concerning this matter | r to the following: | |
| 1 DC 1 | Allison Monzon | | |
| | | Name of Person | |
| | ZenBusiness INC | | |
| | Echousiness (AC) | | |
| | | Firm/Company | ::: |
| 1 | 336 E, College Ave Suite | 301 | 100 |
| | | Address | |
| | Tallahassee, FL 32301 | Address San Addres | |
| | | City/State and Zip Code | |
| | fulfillment@zenbusiness.co | | (|
| | li-mail address: (| (to be used for future annual report notification) | TATE TOWN |
| For further information of | concerning this matter, please c | coll: | ي زر |
| c/o ZenBusiness INC | | 844 493-6249 | |
| Nume (| of Person | Area Code Daytime Telephone Number | |
| Enclosed is a check for t | ha following amount | | |
| | - | El 561 00 1771 D. A | |
| ■ \$25.00 Filing Fee | \$30.00 Fiting Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy Gudditional copy is enclosed: Certified Copy Gudditional copy is enclosed: □ \$60.00 Filing Fee. Certified Copy Gudditional copy is enclosed: | |
| | | | |
| MailingAddres Registration 1 | | StreetAddress: Registration Section | |
| Division of C | | Division of Corporations | |
| P.O. Box 632 | 27 | The Centre of Tallahassee | |
| Tallahassee | EL 30344 | 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

1124000211541-3

1.0

To:

H24000211541-3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Current Global 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 2023-09-08 and assigned Florida document number L23000419891

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new nume 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, 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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Circ

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida_

Page: 4 of 5

2024-06-19 05:08:44 UTC+14

From: ZenBusiness User
Hamending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added
or removed from our records: or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------|--|------------------|
| AMBR | Samuel Szwarc | 555 NE 8th St Apr 1805 Fort Lauderdale, FL 33304 | _ 🗆 Add |
| | | | □Remove |
| | | | = Change |
| AMBR | Jaceb Thomas | 4801 ESEDRA CT LAKE WORTH LAKE WORTH | . I □Add |
| | | | _ 🗆 Reniove |
| | | | _ ■Change *L.c., |
| AMBR | Tyler Leonard | 1031 SW 100TH TER PEMBROKE PINES, FL 3302 | |
| | | | |
| | | *************************************** | |
| | | | _ □Add |
| | | | _ DRemove |
| | | | _ □Change |
| | · | | _ □Add |
| | | | _ □Remove |
| | | | _ Change |
| | | | _ DAdd |
| | | | _ □Remove |
| | | | _ 🗆 Change |

i .

| - | | |
|-----------------------------------|---|--|
| • | | |
| | | |
| | | |
| | | |
| | | |
| | | , , , , , , , , , , , , , , , , , , , |
| | | |
| | | |
| , | | |
| * | | |
| | | |
| | | |
| | | # \$ 1***\$ # **************************** |
| | · | |
| | | <u></u> |
| | | <u> </u> |
| | | |
| · | | |
| | | 45 |
| | | |
| If the date inserted in th | the date of filing: must be specific and cannot be prior to date of filing or more is block does not meet the applicable statutory filing re the Department of State's records. | (optional) than 90 days after filing.) Pursuant to 605.6 equirements, this date will not be lister |
| d specifies a delayed effe led | ective date, but not an effective time, at 12:01 a m. on t | the earlier of: (b) The 90th day after |
| 06/18 | 2024 | |
| /s/ Samue | | |
| | Signature of a member or authorized representative of | a menther |
| | | |

Filing Fee: \$25.00