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(Requestor's Nam	e)
(Address)	
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(City/State/Zip/Pho	one #)
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11/29/23--01025--009 **25.00

12/13/23

COVER LETTER

TO: Registration Se Division of Cor			
	GLOBAL SERVICES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CACIO R ALDANA ASF	AR	
		Name of Person	
	ALDANA GLOBAL SER	VICES LLC	
		Firm/Company	
	5258 NW 114TH, UNIT 1	12	
		Address	
	DORAL, FL 33178		
		City/State and Zip Code	
	cacioaldana@gmail.com		
For further information e	n-man address: (to be used for future annual report noti all:	neation)
CACIO R ALDANA AS	FAR	786-899-66	ري
Name o	f Person		e Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632 Tallahassee, I		The Centre of T	'allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALDANA GLOBAL SERVICES	LLC		
(Name of the Lim	ted Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited I	Liability Company	were filed on	and assigned
Florida document number 1.23000444812			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liah	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2414 NW 87 PLACE	
(Principal office address MUST BE A STRE	ET ADDRESS)	SUITE A	
		DORAL, FL 33172	
Enter new mailing address, if applicable:		2414 NW 87 PLACE	
(Mailing address MAY BE A POST OFFICE	BOX)	SUITE A	
		DORAL, FL 33172	
B. If amending the registered agent and/or agent and/or the new registered office addresses		address on our records,	enter the name of the new registere
			Ţ.,
Name of New Registered Agent:			ي المارات
New Registered Office Address:	2414 NW 87 PLACE, SUITE A		29
· 		Enter Florida street	address
	DORAL		_, Florida <u>33172</u>
		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
- it 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>	Name	Address	Type of Action
AMBR	CYNTHIA GREENE	2414 NW 87 PLACE	= Add
		SUITE A	
		DORAL. FL 33172	
			□ Add
			Remove
			ClAdd
			□Remove
			☐ Change
			□ Remoye
			DChange
			□Remove
			Change
			□Add
			□Remove
			[TlChange

Cynthia Greene has	ownership of 50%	% of the Company				
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ective date, if other t	han the date of	filing: 11/08/202	:3		(optional)	7-7
a effective date is listed, the	date must be specif	fic and cannot be pri-			lays after filing.)	Pursuant to 605.0
ite: If the date inserted in cument's effective date (iling requireme	ents, this date	will not be listed
cument serective date	m me izeparanen	it of state s record	5.			
ceord specifies a delayed is filed.	effective date, bu	at not an effective	time, at 12:01 a.	m. on the earli	er of: (b) The	: 90th day after
is riicu,						
November 13		2023				
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		/ des				
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				············		
·	Signature	e of a member or aut	borized representa	tive of a member	ſ	

Filing Fee: \$25.00