

L23000455523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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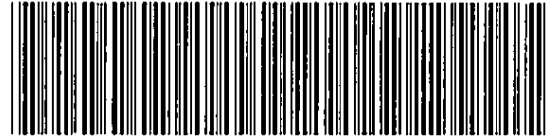
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2023 OCT 13 PM 3:11  
SECRETARY OF STATE  
OF THE DISTRICT OF COLUMBIA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TMB GOBAL INVESTMENT LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THAIS HAGEN

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

13090 RAYMOND DR

\_\_\_\_\_  
Address

LOXAHATCHEE GROVES, FL 33470

\_\_\_\_\_  
City/State and Zip Code

propertyusa2022@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THAIS HAGEN

561 6031313  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810

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RECORDS.)

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

***(Mailing address MAY BE A POST OFFICE BOX)***

## Zip Code

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	HAGEN PROPERTIES LLC	13090 RAYMOND DR	<input checked="" type="checkbox"/> Add
		LOXAHATCHEE GROVES, FL 33470	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	IUSSISTI SHOP LLC	4285 NW 167TH TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI GARDEN FL 33055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LOPEZ MARILUZ	861 SAND CREEK CIR	<input type="checkbox"/> Add
		WESTON FL 33327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HAGEN THAIS	13090 RAYMOND DR	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33470	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALCALA BENIGNO	4285 NW 167TH TERRACE	<input type="checkbox"/> Add
		MIAMI GARDEN FL 33055	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

THE PARTICIPATION OF PROFITS AND LOSSES OF THE MEMBERS WILL BE:

HAGEN PROPERTIES LLC 50%

IUSSISTI SHOP LLC 50%

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10-08-2023



Signature of a member or authorized representative of a member

MARILUZ LOPEZ

Typed or printed name of signee

**Filing Fee: \$25.00**