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COVER LETTER

TO: Registration S Division of Co		•	•
Globaler C			
30BJEC1.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Esteban Restrepo		
		Name of Person	
	. ,	Firm/Company	
	9881 Sunrise Lakes Blvd z	Apt 301	
		Address	
	Sunrise Florida 33322		
	nilefragances@gmail.com	City/State and Zip Code	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notif	lication)
Esteban Restrepo		954 9959928 at ()	
Name (of Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ARTICLES OF ORGANIZATION OF

Globaler Group LLC

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

(A Florida Limited Liability Company)

	1904/		
The Articles of Organization for this Limited Liability Company	were filed on 10/10/2023 and assigned		
Florida document number 1.23000466733			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Nile Fragances LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	9881 Sunrise Lakes Blvd Apt 301		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
•			
(Mailing address MAY BE A POST OFFICE BOX)			
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15 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered		
agent and/or the new registered vince address here.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	. Florida		
	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>	Name	Address	Type of Action
		 	□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
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ffect	ive date, if other than the date of filing:
iote:	ive date, if other than the date of filing:
recor	d 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 led.
ated	12/22/2023
	Estaban Rastrago
	Signature of a member or authorized representative of a member

E11: E 636 0/