23 000 538 837

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer.			





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2023 DEC 21 PM 4:18

COVER LETTER

TO: Registration S Division of Co			
T&M Glo	bal Enterprises LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Tamedra Fuller		
		Name of Person	
	T&M Global Enterprises	LLC	
		Firm/Company	
	401 E Jackson St, Suite	2340-160	
		Address	
	Tampa, FL 33602		
		City/State and Zip Code	
	Tamedra.Fuller@gmail.c	om to be used for future annual report no	
For further information	concerning this matter, please c		onneation
Tamedra Fuller		727 455-1253	1
Name	of Person	at () Area Code Dayti	ime 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 Addre		Street Address:	· · · · · · · · · · · · · · · · · · ·
Registration Division of (Registration S Division of Co	
P.O. Box 63		The Centre of	

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F&M Global Enterp	rises LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	v as it now appears ability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company velocida document number	were filed on	12/05/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the des	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	- -		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		IACO	F. I L. E. D. 2023 DEC 21 PM 4:
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our rec	cords, <u>enter the nam</u>	e of the new regis
Name of New Registered Agent:			
New Registered Office Address:	Enter Floria	la street address	
	City	, Florida	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 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>	Type of Action
MGR	Tamedra Fuller	401 E Jackson St, Suite 2340-l60, Tampa, FL 3	36 □Add
			□Remove
			• Change
AMBR	Maquell Allen	401 E Jackson St, Suite 2340-l60, Tampa, FL 3	36
			□Remove
			🗆 Change
			□Add
			□Remove
			Change
	<u></u>		□Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change

. If amending any other information, enter change(s) here: (Attac	
	
	<u> </u>
	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605,0207 (3) story filing requirements, this date will not be listed as the
he record specifies a delayed effective date, but not an effective time, at 12 ord is filed.	:01 a.m. on the earlier of: (b) The 90th day after the
Dated Signature of a member or authorized repr	resentative of a member
Tamedra Fuller	

ETT E 635.00

Typed or printed name of signee