L24000053258

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COVER LETTER

TO: Registration Section Division of Corporations GLOBAL CAPITAL CONSULTING AND INVESTMENTS LLC SUBJECT: _ 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: FRANCISCO RODRIGUEZ Name of Person GLOBAL CAPITAL CONSULTING AND INVESTMENTS LLC Firm/Company 2750 N 29TH AVE, SUITE 209 Address HOLLYWOOD, FLORIDA33020 City/State and Zip Code frodriguezmontreal@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: FRANCISCO RODRIGUEZ Name of Person Enclosed is a check for the following amount: **■** \$30.00 Filing Fee & ■ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & ☐ \$60,00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL CAPITAL CONSULTING AND		
(Name of the Limited Liab) (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 1.24000053258.	Company were filed on January 29, 2024,	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	3
		•
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		-
Printing diares part 1927(1 (iii) (ii 11012)(ii)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		me of the new regist
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 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>	Address	Type of Action
MGR	BELLANIRE BUSTOS PENA	5951 TOSCANA DRIVE, APT 1313.	∃ Add
		DAVIE, FL 33314	□Remove
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ffective date, if other than an effective date is listed, the date of the date inserted in the locument's effective date on the	is block does no	t meet the appl	icable statutory	or more than 90 filing requires	(optiona) days after fili nents, this da	il) ng.)Pursuant to 6 ite will not be l	05 0207 sted as
record specifies a delayed effo Lis filed.	ective date, but n	iot an effective	time, at 12:01 a	a.m. on the ear	lier of: (b)	The 90th day at	ter the
08/13/2024 ated		Florida					
	Franci		01				
	F	1.1.10	1-15-1-10				
	Signature of	a member or an	thorized represent	tative of a memi	ואלו האלו		