L24000203347

(Requestor's Name)
(Address)
(Address)
(Maricaa)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1.12.110
Minils

Office Use Only



300434628423

08/15/24--01014--008 **25.00

• •

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations				
	GLOBAL OPPORTUNITIES NETWORK LLC					
SUBJECT:		Name of Limited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.			
		ondence concerning this matter				
r icase retain	ran correspo	machee concerning this matter	to the following.			
		Cesar Shlain				
			Name of Person			
		CCS REPRESENTATIVE	S LLC			
			Firm/Company			
		20200 W DIXIE HWY Sto	: 707			
			Address			
		Miami, FL 33180				
			City/State and Zip Code			
		info@csstax.com				
		E-mail address: (to be used for future annual report not	ification)		
For further in	iformation c	oncerning this matter, please c	all:			
Cesar Shlain			786 3184870			
	Name o	f Person	at ()	ne Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling Fee	S30.00 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)		
	ling Addres		Street Address:			
Registration Section			Registration Section Division of Corporations			
Division of Corporations P.O. Box 6327				The Centre of Tallahassee		

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL OPPORTUNITIES NE		
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany)	
The Articles of Organization for this Limited Liability Company were file	ed on05/06/2024	and assigned
florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	pany here:	
he new name must be distinguishable and contain the words "Limited Liability Compa	my," the designation "LLC" or the ab	hreviation "L.L.C."
Enter new principal offices address, if applicable:		3
Principal office address MUST BE A STREET ADDRESS)		<u> :</u>
		<u>;</u>
		1
Enter new mailing address, if applicable:		-4
**		
Mailing address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or registered office address or gent and/or the new registered office address here:	on our records, <u>enter the nam</u>	e of the new regi
Name of New Registered Agent:		
New Registered Office Address:	C . Cl. : Lawrence Davis	
	Enter Florida street address	
	, Florida	Zip Code
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	Marcelo Miguel Mohaded	3900 GALT OCEAN DR APT 209	\equiv A dd
		FORT LAUDERDALE, FL 33308	□Remove
			□Change
MGR	Carlos Alberto Izasa	3900 GAUT OCEAN DR APT 209	= Add
		FORT LAUDERDALE, FL 33308	□Remove
			□Change
			🗖 Add
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🖸 Add
			□Remove
			ElChange

41 41114	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
-	
-	
_	
_	
_	
_	
_	
_	
~	
-	
_	
-	
iote:	ve date, if other than the date of filing:
recore Lis fil	I 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 ed.
ated .	07/29/2024
	Signature of a member or authorized representative of a member
	Elsa Ribbert
	Typed or printed name of signee

Filing Fee: \$25.00