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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MONAHAN MIJARES CPA PA

Account Number : I20050000157 Phone

: (305)407-1438

Fax Number

: (305)397-1003

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GTITHOST LLC**

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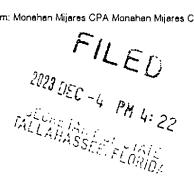
Registration Section

COVER LETTER

Division of Cor	perations			
GTITHOS				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Roark Ronald Monahan, C	PA.		
	<u> </u>	Name of Person		
	MONAHAN-MIJARES C	PA, PA		
	 	Firm/Company		
	75 Valencia Ave Suite 703	1		
		Address		
	MONAHAN-MIJARES CPA, PA Firm/Company 75 Valencia Ave Suite 703 Address Coral Gables, Florida City/State and Zip Code elismor.castillo@monahanmijares.com E-mail address: (to be used for future annual report notification) ner information concerning this matter, please call: Conaid Monahan 305 407-1440 at (
		City/State and Zip Code		
	E-mail address: (to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all;		
Roark Ronald Monahan				
Name o	f Person	Area Code Daytii	ne Telephone Number	
Enclosed is a check for the	he following amount:			
S25.00 Filing Fee	□ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy	
Mailing Address Registration	Section	Street Address; Registration S		
Division of C P.O. Box 632		Division of Co The Centre of		
Tallahassee,			oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip Code	GTITHOST LLC		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip Code	(Name of the Limited Liability (A Florida	v Company as it now appears on our Limited Liability Company)	records.)
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New Registered Office Address: Enter Florida street address	B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records.	enter the name of the new regis
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, Florida, Zip Code	New Registered Office Address:		
·		Enter Florida street	address
			_, Florida
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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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Camejo G. Jesus	3230 Whitefield Drive apartment 419	
		Kissimmee Florida 34747	□Remove
			Change
MGR	Mendoza K. Ana	3230 Whitefield Drive apartment 419	■ Add
		Kissimmee Florida 34747	□Remove
			□Change
			Remove SSE DChange
			Cichange:
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Mective date, if other than effective date is listed, the ote: If the date inserted incument's effective date of	date must be spec t this block doe	cific and ca is not mee	nnot be prio it the appli	r to date of f cable statut	iling or more	than 90 day	optional safter filin s, this dat	g.) Pursuant	to 605.0207 be listed as
record specifies a delayed is filed.	effective date,	but not an	effective (ime, at 12:	01 a.m. on	the earlier	of: (b) T	he 90th da	y after the
December 01		<u> </u>	2023						
			mber or auti	orized repre	sentative of	a member			
	Signali	ac or a me		<i>j</i>					