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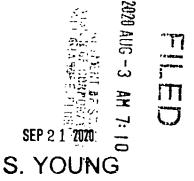
(Requestor's Name)				
(Address)				
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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE	Geokat Holo		•			
AUDJI	Name of Limited Liability Company					
The en-	closed Articles of .	Amendment and fee(s) are subt	nitted for filing.			
Please	return all correspo	ndence concerning this matter t	o the following:			
		Nectaria M. Scrivanos				
Name of Person Geokat Holdings LLC						
		Firm/Company				
2 Ashwood Court						
		Address				
Atkinson, NH 03811						
		City/State and Zip Code				
		E-mail address: (to be used for future annual report notification)				
For fur	ther information ed	oncerning this matter, please ca	n:			
			at ()	Telephone Number		
	Name of	f Person	at () Area Code Daytime	Telephone Number		
Enclos	ed is a check for th	ne following amount:				
≡ \$2	5.00 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 Addres Registration S		Street Address: Registration Sec	dian		

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

Geokat Holdings LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/10/2014}{1}$ Florida document number _1.14000005494 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 "L.L.C." 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

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.

Cin

, Florida

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
AMBR	Doukas, Kim J.	2911 Punta Palma Court	≡ Add
		Holiday, FL 34691	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
	-		□Add
			Remove
			ElChanga

D. If amending	gany other information, enter change(s) here: (Attach additional sheets, if necessary.)
 .	
Note: If the o	te, if other than the date of filing:
If the record speci record is filed.	ities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated July 3	2020
	Signature of a member or authorized representative of a member
Ge	teorge G. Pappas, Authorized Representative

Filing Fee: \$25.00

Typed or printed name of signee