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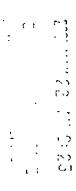
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(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





05/22/24--01010--019 \*\*25.00





## **COVER LETTER**

TO:

**Registration Section** 

**Division of Corporations** GearSource Holdings LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please returnall correspondence concerning this matter to the following: Marcel Fairbairn Name of Person GearSource Holdings LLC Firm/Company 15199 Oak Chase Court Address Wellington FL 33414 City/State and Zip Code finance@gearsource.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Marcel Fairbairn Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 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: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 [ Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GearSource Holdings LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited l	iny as it now appears on c Liability Company)	риг records.)
The Articles of Organization for this Limited I	Liability Company	were filed on	and assigned
Florida document number	<del></del> -		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	ntion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		66 W Flagler St Fl 9, Miami, FL 33130	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	(BOX)	15199 Oak Chase Court	
		Wellington, FL 33414	
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	~		ls, <u>enter the name of the new registere</u>
	15199 Oak Ch	ase Court	
New Registered Office Address:		Enter Florida sti	reet address
	Wellington		, Florida 33414
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete pistered agent as j	performance of my oprovided for in Chap	luties, and I am familiar with and ter 605, F.S. Or, if this document is

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
COO	Claudette Cyr	312 Parkridge Green SE Calgary AB T2J 5G2 Canada	□Add
			<b>≡</b> Remove
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		7-7-1-1
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E. Effective	e date, if other than the date of filing: February 1, 2024	(optional)
	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	's after filing.) Pursuant to 605.0207 (3)(t ts, this date will not be listed as the
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(If an effecti Note: If the document f the record second is filed.	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

Typed or printed name of signee