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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	GAHA TECHN	bologies lu	<u> </u>
	Name of Limi	ited Liability Company	,
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	ANA M	AliA COUTAN Name of Person	
		Firm/Company	<del> </del>
	3021 SUNS	ET BEACH DE	<u> </u>
	Vonice	FL, 34293	
	technologie	City/State and Zip Code  S. gama 6 gm to be used for future annual report notion	al ou
For further information	concerning this matter, please ca		·
Name	of Person	at ()	ne Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 63	Section Corporations 27	Street Address: Registration Se Division of Co	rporations Fallahassee
Tallahassee.	, Г.L. 32314	Tallahassee, FL	be Street, Suite 810 2 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability	/ Company	ny as it now ap Jiability Compa were filed or			218	and assig	ned
Florida document number L \ 8000 \ 0506	<u></u> .						•
This amendment is submitted to amend the following:			٠				
A. If amending name, enter the new name of the li	imited liabi	ility compan	y here:				
		٠			ن) * فرند - ب شوارز - ۱	2020	
The new name must be distinguishable and contain the words "L	imited Liabil	ity Company,"	the designatio	n "LLC" or	the abbrevi	ation <b>S</b> L.	المال المال
Enter new principal offices address, if applicable:			<u>SUNSE</u>	'	ACH:	DBY	
(Principal office address MUST BE A STREET ADd	DRESS)	VEN	sice,	ŦL,"	342 <b>9</b> 3	3	
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rate and the state of the state		5021	SUNS	<del></del> 1	Cratte.	<del>1</del> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
* .		3021 VEN	SUNS ICE (		5429.	-	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registe	red office a	VEN	ice .	FL, ?		3	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registe agent and/or the new registered office address here  Name of New Registered Agent:	red office a	VEN	ice .	FL, ?		3	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registe agent and/or the new registered office address here  Name of New Registered Agent:	red office a	VEN	ice .	FL, ?		3	
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(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address here  Name of New Registered Agent:	red office a	address on o	ur records,	enter the	e name of	the new	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registe agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	red office a	VEN	ur records,	enter the	e name of	3	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address here  Name of New Registered Agent:	red office a e: ered Agent:	Enter	ur records,	enter the	da	the new	registere

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

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Note:	ve date, if other than the date of filing: 11 06 200 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	207 I as
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e recor	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 ted.	he
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Filing Fee: \$25.00