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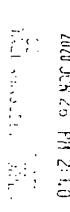
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## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
	Ba DE. LLC	·	·
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Matthias Bauer		2
		Name of Person	יוט מון
		Firm/Company	2020 JUli 26
	2140 SW 8th Place		:
		Address	The state of the s
	Cape Coral/FL 33991		\
	m.bauer@matthias-baue	City/State and Zip Code r.us	
Tor further informati	E-mail address: ( on concerning this matter, please c	to be used for future annual report notificat	ion)
Matthias Bauer	on concerning this matter, please c	239 2474724	
Nat	me of Person	at () Area Code	elephone Number
Enclosed is a check f	for the following amount:		
□ \$25.00 Filing Fe	e ☐ \$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)
<u>Mailing Ad</u> Registratio	dress: on Section	Street Address: Registration Section	on
Division o	of Corporations	Division of Corpor	rations
P.O. Box	6327 se FL 32314	The Centre of Tall	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GaMaBa DE, LLC		
(Name of the Limite	ed Liability Company as it now appears on our reco (A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Lia Florida document number 700314714057		and assign
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
GaMaBa EU. LLC		
The new name must be distinguishable and contain the wa	ords "Limited Liability Company," the designation "L	·
Enter new principal offices address, if applica	able:	بيين منت ن
(Principal office address MUST BE A STREE	TADDRESS)	2 2 2 6
		ţ
		7 2
Enter new mailing address, if applicable:		22
(Mailing address MAY BE A POST OFFICE I	<u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office addres		er the name of the new re
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	base
	mer i midd strei add	H T CO
		FloridaZip 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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 bei or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
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ffective date, if other than the date of		(optional)	
an effective date is listed, the date must be spec ote: If the date inserted in this block doe	s not meet the applicable statut		
ocument's effective date on the Departme	nt of State's records.		
record specifies a delayed effective date, b	out not an effective time, at 12.	OLam on the earlier of: (b) The 90	tih đạy att
is filed.	at not an effective efficient 12.		<b>111</b> (211)
this 22nd day of June	2020		
this 22nd day of June		,	•
$f_{i}$ and	in The Marie		
	4 -7 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	•	
UN LEASY WAY Signatur	re of a member or authorized rebe-	esentative of a member	

Filing Fee: \$25.00