Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DOMUS GLOBAL TAX ADVISORS LLC

Account Number : I20200000162 : (407)334-7001 Phone : (123)456-7890 Fax Number

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

FERNANDA@DOMUSGLOBALTAX.COM Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GTI USA GROUP LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 06      |
| Estimated Charge      | \$25.00 |

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  |   |   |  |
|--|--|---|---|--|
| -                                      | GROUP L.L.C  |   |   |  |
| 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:   |   |  |
|  | FERNANDA FIGUEIRED                                   | 00  |   |  |
|  |  | Name of Person  |   |  |
|  | DOMUS GLOBAL TAX                                     | ADVISORS LLC  |   |  |
|  |  | Firm/Company  |   |  |
|  | 7680 UNIVERSAL BLVD                                  | STE 510   |   |  |
|  |  | Address   |   |  |
|  | ORLANDO, FL 32819                                    |   |   |  |
|  |  | City/State and Zip Code   | <del></del>   |  |
|  | FERNANDA@DOMUSGL                                     |   |   |  |
| For further information of             | E-mail address: (<br>oncerning this matter, please c | to be used for future annual report no                              | uncation)   |  |
|  |  |   |   |  |
| FERNANDA FIGUEIRI                      |  | 407 334-7001<br>at()  | <del></del>   |  |
| Name o                                 | f Person   | Area Code Dayti   | me Telephone Number   |  |
| Enclosed is a check for the            | he following amount:                                 |   |   |  |
| ■ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee & Certificate of Status         | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |
| <u>Mailing Addres</u><br>Registration  | Section  | Street Address:<br>Registration S                                   |   |  |
| Division of C                          |  | Division of Corporations The Centre of Tallahassee                  |   |  |
| P.O. Box 632<br>Tallahassee,           |  |   | oe Street, Suite 810  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GTI USA GROUP LLC   |   |   |                       |                | _        |      |
|---|---|---|-----------------------|----------------|----------|------|
| (Name of the Limi   | ted Liability Compa<br>(A Florida Limited | any as it now appears on our re<br>Liability Company) | ecords.)              |                |          |      |
| The Articles of Organization for this Limited L   | Liability Company                         | were filed on 07/19/2019                              |                       | and a          | issigne  | d    |
| Florida document number L19000186415  | <u></u> -                                 |   |                       |                |          |      |
| This amendment is submitted to amend the following                                      | lowing:                                   |   |                       |                |          |      |
| A. If amending name, enter the new name o   | of the limited liab                       | oility company here:                                  |                       |                |          |      |
| The new name must be distinguishable and contain the                                    | words "Limited Liabi                      | ility Company," the designation                       | "LLC" or th           | e abbreviation | "L.L.C.` |      |
| Enter new principal offices address, if appli   | cable:                                    |   |                       |                |          |      |
| Principal office address MUST BE A STREE  | ET ADDRESS)                               |   |                       |                |          |      |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)   |   | 7680 UNIVERSAL BLV<br>ORLANDO, FL 32819               | D STE 510             |                |          |      |
| B. If amending the registered agent and/or agent and/or the new registered office addre | ess here:                                 | address on our records, o                             |                       |                | new re   | gist |
| Name of New Registered Agent:   |   |   |                       | <u> </u>       | 722      | _T;  |
|   |   |   |                       | 20             | $\sim$   |      |
| New Registered Office Address:  | 7680 UNIVER                               | RSAL BLVD STE 510                                     |                       | <del></del>    |          |      |
| New Registered Office Address:  | 7680 UNIVER                               | Enter Florida street o                                | address<br>_, Florida | 23010 %        | A        |      |

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.

Fernanda Figueiredo
If Changing Registered Agent, Signature of New Registered Agent

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 |
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| Tective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block becument's effective date on the Department. | k does not meet the applic                  | able statutory filing | (option<br>ore than 90 days after fi<br>requirements, this c | i <b>al)</b><br>ling.) Pursuant to<br>late will not be | 605.020<br>listed a: |
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| ecord specifies a delayed effective d   | late, but not an effective t                | me, at 12:01 a.m. o   | n the earlier of: (b)  |  | after the            |
| is filed.   |   |                       |  | <b>*</b>   | ~3                   |
| , OCTOBER 22  | 2021  |                       |  |  | 202 L30 1245         |
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Filing Fee: \$25.00