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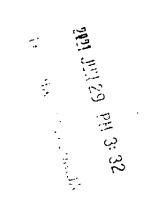
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COVER LETTER

TO:

Registration Section

Corporations				
Name of Lin	nited Liability Company			
Pioneer Business Consultants LLC Name of Limited Liability Company				
spondence concerning this matter	to the following:			
Sudarshan Chapagain				
	Name of Person			
	Firm/Company			
7741 SW 103rd Pl				
	Address			
Miami, FL 33173				
pbconsultants2020@gmail.	·			
E-mail address: (to be used for future annual report no	tification)		
n concerning this matter, please c	all:			
<u></u>	202 320-6435 at ()			
e of Person	Area Code Daytir	ne Telephone Number		
r the following amount:				
	Certified Copy	Certificate of Status & Certified Copy		
		ection		
Corporations	Division of Corporations			
327 :, FL 32314		Tallahassee oe Street, Suite 810		
	Business Consultants LLC Name of Lin of Amendment and fee(s) are subspondence concerning this matter Sudarshan Chapagain 7741 SW 103rd Pl Miami, FL 33173 pheonsultants2020@gmail. E-mail address: (an concerning this matter, please of Person r the following amount: □ \$30.00 Filing Fee & Certificate of Status ress: n Section Corporations 327	Name of Limited Liability Company		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIONEER BUSINESS CONSULTANTS LLC	
(<u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability Ce	w appears on our records.) impany)
The Articles of Organization for this Limited Liability Company were file Florida document number $\frac{1.20000025121}{1.0000025121}$.	d on 01/17/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
GSS ADVISORS LLC	
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," 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:	2827
Mailing address MAY BE A POST OFFICE BOX)	·
	·
3. If amending the registered agent and/or registered office address o	
igent and/or the new registered office address here:	بې
	3 2
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
Ciry	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 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.

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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fective date, if other the order of the fective date is listed, the ofter If the date inserted in cument's effective date or	this block does n	of meet the appli	cable statutory fil-	(opt more than ⁹⁰ days afte ing requirements, th	ional) er filing.) Purst is date will n	ant to 605.02 of be listed :
ecord specifies a delayed is filed.	effective date, but	not an effective t	ime, at 12:01 a.m	, on the earlier of: (b) The 90th	day after th
ted June 24		_ · 2021	<u></u>			

Filing Fee: \$25.00