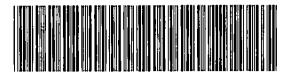
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	TECNOLOGY MOBIL LLC		
SUBJECT:	Name of Limi	ted Liability Company	<u></u> "
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
	ondence concerning this matter		
	KASBAR, ALFREDO		
	<u> </u>	Name of Person	
	GLOBAL TECNOLOGY	MOBIL LLC	
		Firm/Company	
	2906 NW 72ND AV		
		Address	
	MIAMI, FL 33122		
		City/State and Zip Code	
	alfredokasbar@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
KASBAR, ALFREDO		315 2674373	
Name c	of Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for t	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. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	rporations
P.O. Box 632		The Centre of 7	Fallahassee be Street, Suite 810
Lallahaccee	ET 47414	74.13 IV IMONTO	ie sureer suite atti

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL TECNOLOGY MOBIL LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\underline{\text{FLORIDA}}$ Florida document number <u>L20000025377</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GLOBAL TECHNOLOGY MOBIL LLC The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

New Registered Agent's Signature, if changing Registered Agent:

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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	st be specific and cannot be pr	rior to date of filing or more	(optional) e than 90 days after filing. requirements, this date) Pursuant to 605.0207 will not be listed as t
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Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the Enter record specifies a delayed effective dis filed. Dated JUNE 10	Department of State's recorve date, but not an effective	e time, at 12:01 a.m. on	the earlier of: (b) Th	

Filing Fee: \$25.00