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SUBJECT:				
	Name of Lim	ited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:		
	Matteo Rosetti			
		Name of Person		
	GTO America LLC			
		Firm/Company		
	12029 SW 117TH CT			
		Address		
	Miami, FL, 33186			
		City/State and Zip Code		
	matteo@gtogts-usa.com			
	E-mail address: (to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all:		
Matteo Rosetti		727 3399077		
		at ()	ne Telephone Number	
Name o	of Person	Area Code Daytir	ne 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, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration S		Registration Se		
Division of C P.O. Box 632		Division of Co The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Registration Section
Division of Corporations

Tallahassee, FL 32314

GTO America LLC

TO:

TO ARTICLES OF ORGANIZATION OF

GTO AMERICA 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 _____ and assigned Florida document number 1.20000140134 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," 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: (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 regis agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __. Florida ___

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 will 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u> MGR	<u>Name</u> Matteo Rosetti	Address 12029 SW 117TH CT	Type of Action
<u> </u>			∃ Ađd
		Miami, FL, 33186	□Remove
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			□Remove
			□Change

as the Manager. We are askin	ng for the amendment to name Matteo Rosetti as the Manager MGR.
	
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fective date, if other than th	he date of filing: (optional)
n effective date is listed, the date m	nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6
	block does not meet the applicable statutory filing requirements, this date will not be li Department of State's records.
comence a cricerive date on the	Department of State 3 records.
ecord specifies a delayed effect is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af
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June 11	2020
ited	· // /
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
Matteo Rosetti	
	Typed or printed name of signee