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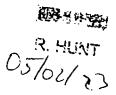




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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT:	ONSULTING SERVICES, LL Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	GORIOLA DEEN						
		Name of Person					
	GOREX		2022 FAY -2 PH 1:22 ELANASSEELFL				
		Firm/Company					
	4958 SAN MARTINO DE	RIVE	PH SSEE				
		Address	75				
	WESLEY CHAPEL, FL.	33543	TE L				
		City/State and Zip Code					
	gori.deen@gorexcs.com						
	E-mail address: (to be used for future annual report no	otification)				
For further information c	oncerning this matter, please c	all:					
GORIOLA DEEN		920 889-7711 at ()					
Name o	f Person	Area Code Dayti	ime Telephone Number				
Enclosed is a check for th	ne following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Addres Registration 5 Division of C P.O. Box 632	Section Corporations	Street Address: Registration S Division of Co The Centre of	orporations				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOREX CONSULTING SERVICES, 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 FEBRUARY 25, 2021 and assigned Florida document number 1.21000093459 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GOREXCS, 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

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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Filing Fee: \$25.00