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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 🕟 GASFLOWER LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GASFLOWER LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	nany were filed on 03/22/2022 and assigned
Florida document number L22000140869	
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 I	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	ù
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Enaning dadress MAT BE A TOST OF FICE BOX	26
	نگ درج درج
B. If amending the registered agent and/or registered off	ice address on our records, enter the name of the new registe
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:
provisions of all statutes relative to the proper and comp	agree to act in this capacity. I further agree to comply with t lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address, I hereby confirm that the limited liability

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

Title	Name	Address	Type of Action
Corporate Secretary & Authorized Signatory	Cynthia Toro	2100 Ponce de Leon Blvd, Suite 850	≣ Add
		Coral Gables, F1, 33134	□ Remove
			Change
			□Add
			□ Remove
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			<i>t</i> - <i>t</i> - 15	
ffective date, if other than the d an effective date is listed, the date must l lote: If the date inserted in this bloc ocument's effective date on the Dep	ck does not meet the applic	cable statutory filing re	than 90 days after filing.) F quirements, this date w	Pursuant to 605,02 ill not be listed a
record specifies a delayed effective is filed.	date, but not an effective t	ime, at 12:01 a.m. on 6	he earlier of: (b) The	90th day after th
April 24	2023	·		
ated				
ated April 24		85		

Filing Fee: \$25.00