## Florida Department State

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To:

Division of Corporations

19549515293

Fax Number : (850)617-6383

From:

Account Name : GBS CONSULTANTS, INC.

Account Number : I20050000012 : (954)659-8835 Phone : (954)301-0417 Fax Number

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

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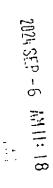
## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EELA SPEAKER, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EELA SPEAKER, LLC			
(Name of the Limited Liability Co (A Florida Lim	ompany as if now appearented Liability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited Liability Comp	pany were filed on	09/12/2022	and assigned
Florida document number <u>L22000398637</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	r <u>e</u> ;	
EELA INSTITUTE LLC			
The new name must be distinguishable and contain the words "Limited I	Liability Company," the de	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u>S)</u>		
			. <del></del>
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	
			<del></del>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	fice address on our re	cords, <u>enter the name</u>	of the new register
New Registered Office Address.	Emer Flori	da street address	<del></del>
		, Florida	
	Сиу		Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:		æ
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent	lete performance of i	ny duties, and I am fo	miliar with and

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 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
<del>,</del>			□Add
			🗆 Reтюче
			□Change
			DAdd
			□Remove
			🖾 Change
<del></del>			🗆 Add
		□ Reпвоуе	
			□Change
			□Add
			□Remove
			☐ Change
			Remove

\_\_\_\_\_ □Change

<del></del>	
_	
*****	
(If an effect <u>Note:</u> If	date, if other than the date of filing:
he record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	SEPTEMBER 6TH 2024
	Renzo Aquirre
	Signature of a member or authorized representative of a member
	DENEZO AZILIBNE
	RENZO AGUIRRE  Typed or printed name of signer

Filing Fee: \$25.00