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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	rporations			
OBFLUIZ				
SUBJECT:	Name of Lim	ited Liability Company		
		, , ,		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	lui a Dambarra			
	miz racheco			
	Name of Person OBFLUIZ LLC Firm/Company 8045 Abbott AVE APT204 Address Mlami Beach FLORIDA 33141 City/State and Zip Code gorillatreescape@gmail.com E-mail address: (to be used for future annual report notification) rther information concerning this matter, please call:			
	OBFLUIZ LLC			
	·	Firm/Company		
	8045 Abbott AVE APT20	4		
		Address		
	Mlami Beach FLORIDA 3			
		·		
			fication)	
			псаноп)	
For further information	concerning this matter, please c	all:		
Luiz Pacheco				
Name of Person		Area Code Daytim	e 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)	
Mailing Addre Registration Division of C P.O. Box 63	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OBFLUIZ LLC

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2024 DEC 20 AH 8: 32 The Articles of Organization for this Limited Liability Company were filed on TALLAHASSEE, FL Florida document number 1.22000484621 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Gorilla Treescape LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 8045 Abbott Ave APT 204 Enter new principal offices address, if applicable: Miami Beach FL 33141 (Principal office address MUST BE A STREET ADDRESS) 8045 abbott ave APT 204 Enter new mailing address, if applicable: Mlami Beach FL 33141 (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 _, Florida ___ City

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
AMBR	Luiz Pacheco	8045 Abbott Ave APT 204	■Add
		Miami Beach Florida 33141	□Remove
			□ Change
			□Add
			□Remove
			□ Change
		-	□Add
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Tective date, if other than the m effective date is listed, the date mu	ist be specific and cannot be pr	ior to date of filing or more	(optional) than 90 days after filing.) Pursuant	to 605,0207 (
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ocument's effective date on the I	repartment of state's fecor	us.		
ecord specifies a delayed effecti is filed.	ve date, but not an effective	e time, at 12:01 a.m. on	he earlier of: (b) The 90th day	y after the
is med.				
december 17	2024			
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Typed or printed name of signee