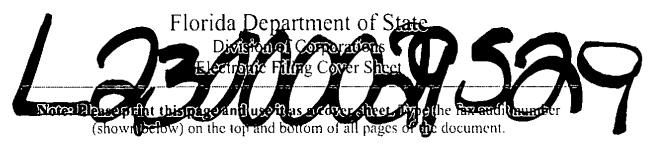
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : 120160000067

Phone : (407)370-3686

Fax Number : (407)370-3120

**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 CONTABILIDADE INTERNACIONAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. LEMIEUX

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Page; 2. 12/3/2024 10:53 AM TO:18506176383 FROM:4073703120

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(((H24000396893 3)))

company has been notified in writing of this change.

OF

. CONTABILIDADE INTERNACIONAL LLC (Name of the Limited Liability	- y Company as it now appears on o Limited Liability Company)	ur records.)
(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/02/20	24 and assigned
Florida document number L23000029529	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
GTLA INTERNATIONAL LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designat	tion "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
		.024 DE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		i
		3 5
B. If amending the registered agent and/or registered	office address on our record	s, enter the name of the new register
agent and/or the new registered office address here:		(·) O
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co		
accept the obligations of my position as registered ag	ent as provided for in Chapte	er 605, F.S. Or, if this document is
being filed to merely reflect a change in the registered	Loffice address, Lhereby cor	ifirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

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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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			□Change
			□Add
		***************************************	□Remove
			☐Change
			□Add
			Remove
			□Change
			□Add
			□Remove
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			□Remove
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			□Add
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ge	, 4.	12/3/2024	10:53 AM	TO:18506176383	FROM: 4073703120 (((H24000396893 3)))
D.	If amei	nding any other inf	ormation, enter c	hange(s) here: (Attach add	ditional sheets, if necessary.)
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E.	Note:	we date, if other that ctive date is listed, the da if the date inserted in ent's effective date on	this block does not	meet the applicable statutory t	(optional) or more than 90 days after filing.) Pursuant to 605.0207 filing requirements, this date will not be listed as
	he record ord is file		ffective date, but no	t an effective time, at 12:01 a.	.m. on the earlier of: (b) The 90th day after the
	Dated _	DECEMBER 02		2024	
			Roger Ma	2024 adeira member or authorized representa	ntive of a member
		ROGER MADEII			
				Typed or printed name of signs	ec .