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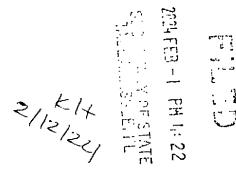
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## **COVER LETTER**

TO: Registration S Division of Co			
GSC ROY SUBJECT:	ALTY Consulting		•
SOBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Gabriella Carter		
		Name of Person	
	GSC ROYALTY Consulti	ing	
		Firm/Company	
	8928 SW 18TH ST		
		Address	
	Miramar, FL 33025		
		City/State and Zip Code	· <del>·····</del> ,
	gscroyalty@gmail.com	_	
For further information of	l:-mail address: ( concerning this matter, please c	to be used for future annual report notifi all:	cation)
Gabriella Carter		786 390-4742	
Name (	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		LE 12
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahaassa CI 20214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GSC ROYALTY CONSULTING, LLC

lity Company were  ng;  e limited liability	e filed on January 19th, 2023	and assigned
	company here:	
e limited liability	company here:	
	Sompany nerv	
CLimited Liability Co	ompany," the designation "ELC" o	or the abbreviation "L.L.C."
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(DDRESS)		
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	ess on our records, enter the	
<u>ere</u> :		3 1
Steve Carter		<u> </u>
8928 SW 18TH ST		
		F 12
diramar	f*1	da <u>33025</u>
	Stered office addrere: Steve Carter  Sp28 SW 18TH ST	stered office address on our records, <u>enter there:</u> Steve Carter  8928 SW 18TH ST  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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			□Remove
			□Change
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Effective date, if oth	er than the date c	f filing:					(optic	onal)	[17]		
I an effective date is listed	I, the date must be spec	citic and c	annot be pr	rior to date	of filing or	more than <sup>e</sup>	00 days after	filing, (Pur	suant (	to 605.0	)207
<b>Note:</b> If the date inser- document's effective d	ate on the Departme	ent of Sta	ite's recor	ds.	acutory im	ng require	ements, this	s date will	not b	e listec	d as
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