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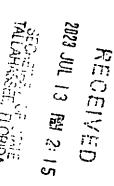
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	INVESTMENTS (	GMB GROUP I,I,I	C	
Name of the Un	alted Liability Comp (λ Florida Liosted	any <u>as it now appe</u> Liability f.co (any)	arson our records)	<del> </del>
The Articles of Organization for this Limited Florida document number	Liability Company	were filed on _	02/06/2023	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company h	ere:	
INVESTMENTS GBM GROUP LLC				
The new name nous be distinguishable and contain the	words "Limited Liabs	lity Company," the	designation (CCC) or the abi	are due : ; ;
Enter new principal offices address, if appli	cable:	N/A		20 ~ - <u></u>
(Principal office address MUST BE A STRE	ET ADDRESS)			3 - ⊊
				3 3
Enter new mailing address, if applicable:		N/A		₹ 39°
(Mailing address MAY BE A POST OFFICE	BOX)			<b>œ</b> . ∷Si
				30
8. If amending the registered agent and/or agont and/or the new registered office add	registered office ress here:	address on our	records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Fl	orida street address	
	N/A		, Florida <sup>N/</sup>	'Α
		City		Zip Cous

New Registered Agent's Signature it 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 tamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, it this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited hability 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
N/A 	N/A	N/A	EbbA⊡
			□Remove
		<del></del>	Change
N/A	N/A	N/A	⊡Add
			□Remove
			□ Change
N/A	N/A 	N/A	□Add
		<del></del>	□Remove
			□Change
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			Remove
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Effective date, if other than If an effective date is listed, the da	n the date of fili temust be specific a	ing:	or to date of fill	ng or more than 9	(optiona	n) Primisant to 60	15 0207 (
<u>Note:</u> If the date inserted in t	nis block does not	t meet the appl	icable statuto	ry filing require	nents, this dat	e will not be lis	ನಲನೆ as t
document's effective date on t	he Department of	f State's record	s.				
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e record specifies a delayed eff d is filed.	ective date, but n	otan emective	time, at 12:0	ia.m., on the ear	Tier of: (b)	ne 90th day afte	er the
Pated JULY12		, <u>2023</u>					
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Typed or printed name of signee