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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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 **GBL TECHNOLOGIES LLC**

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Help S. ROBERTS

Fax: 813436!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GBL TECHNOLO (Name of the Limited Liability Compa) (A Florida Limited L	GIES LLC ny as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000267010</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabil	were filed on06/01/2023	and assigned	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	obreviation "L.L.C."	
Enter new principal offices address, if applicable:	9351 NW 15th Ct		
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Pines, FL 33024		
		.027	
		<u> </u>	
Enter new mailing address, if applicable:		1	
(Mailing address MAY BE A POST OFFICE BOX)			
		-	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	oddress on our records, enter the nam	e of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida	7.6.4.	
New Registered Agent's Signature, if changing Registered Agent:	Ciţ	Zıp Code	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am j provided for in Chapter 605, F.S. Or,	familiar with and if this document is	

If Changing Registered Agent, Signature of New Registered Agent

7/7/2023 07:43:39 PDT

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 813436

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
			□ Change
			□ Add
			Remove
		-	□ Change
			□Add
			Remove
			Change
			□ Add
			Remove
			□Change
			□Add
			
			□Change
			□Add
			□Remove
			□ Change

Fax: 813436

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	July 7
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Robin Jones
	Typed or printed name of signee