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COVER LETTER

TO: Registration So Division of Cor					
GTC Soluti	ions Limited Liability Compan	y.			
SUBJECT:					
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	George A.D. Wood				
		Name of Person			
	GTC Solutions Limited Lie	ability Company			
	Firm/Company				
	1271 TALLEVAST ROAD) Unit 7684			
	Address				
	SARASOTA, FLORIDA 3	4243			
	George@georgiesutc.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report notificati	(m) (3)		
For further information c	concerning this matter, please c	all:			
George Wood		239 248 7425	_ · _ ·		
Name o	of Person	at () Area Code Daytime Tel	ephone Number		
Enclosed is a check for the	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 Address Registration S Division of C	Section	Street Address: Registration Section Division of Corpora			
P.O. Box 632		The Centre of Talla	hassee		

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee. FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GTC SOLUTIONS Limited Liability Company (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number _____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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

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.

City

. Florida _

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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record specifies a delayed effectiv is filed.	e date, but not an effective tir	ne, at 12:01 a.m. on	the earlier of: (b) T	he 90th day after the
December 07	2023			
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Typed or printed name of signee