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| Special Instructions to Filing Officer: |
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| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspon | ndence concerning this matter | to the following: | | | |
| | Jhonny Bowles Rivero | | | | |
| | | Name of Person | | | |
| | GT3RS Investment LLC | | | | |
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| | MIAMI. FL 33177 | | | | |
| | | City/State and Zip Code | | | |
| | bowlesjohnny62@gmail.com | | | | |
| | E-mail address: (t | to be used for future annual report notifica | tion) | ,, , ~, | |
| For further information co | oncerning this matter, please ca | all: | | 2074 FEB | 477 |
| Jhonny Piter Bowles Rive | ero | 239 900 5113 at () | | EB 12 | , |
| Name of | Person | Area Code Daytime To | elephone Number | - 255 - 1133 - 型 | 4 ² |
| Enclosed is a check for th | e following amount: | | | STATE | نع. ۲۰ |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | ling Fee, e of Status & | |

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GT3RS Investment LLC (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 $\frac{01/10/2024}{1}$ and assigned Florida document number _____L24000023004 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." 6472 Emerald Pines Cir. Enter new principal offices address, if applicable: Fort Myers (Principal office address MUST BE A STREET ADDRESS) Fl, 33966 6472 Emerald Pines Cir. Enter new mailing address, if applicable: Fort Myers (Mailing address MAY BE A POST OFFICE BOX) FL. 33966 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

Zip Code

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> | <u>Address</u> | Type of Action |
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