L2400023004

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COVER LETTER

Div	ision of Corp	· ·		
SUBJECT:	GT3RS Invo	estment LLC -	,	
		Name of Limit	ted Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspor	ndence concerning this matter t	o the following:	
		Johnny Piter Bowles Rivere)	
			Name of Person	
		GT3RS Investment LLC		
			Firm/Company	
		6472 Emerald Pines Cir		
			Address	
		Fort Myers / Florida, 3396	6	
		bowlesjohnny62@gmail.com	City/State and Zip Code n	
For further is	nformation co	E-mail address: (to oncerning this matter, please ca	o be used for future annual report notifi	cation)
	r Bowles Rive		239 900 5113	
	Name of	Person		Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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)
<u>Ma</u>	iling Address	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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 Lim	ited Liability Compa (A Florida Limited)	iny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited I Florida document number L24000023004		were filed on 01/09/2	2024	_ and assigned
This amendment is submitted to amend the fol				
A. If amending name, enter the new name	J	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable:			····
Principal office address MUST BE A STRE	ET ADDRESS)			
				
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	E BOX)			
			<u> </u>	
3. If amending the registered agent and/or agent and/or the new registered office address.		address on our recoi	rds, <u>enter the name o</u>	f the new register
Name of New Registered Agent:	Johnny Piter B	owles Rivero		
New Registered Office Address:	6472 Emerald	Pine Cir		
		Enter Florida s	treet address	
	Fort Myers		Florida	,
		City		Zip Code

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
AMBR	Vadir Nallar Noda	18508 SW 132 Place Miami, FL-33177	□Add
			■Remove
			□ Add
			□Remove
			□Change
			□Add
			□ Remove
			Change
			
			□Remove
			□Change
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ective date, if other than the date of fil	06/16/2024 ling: (opt	ional)
,	and cannot be prior to date of filing or more than 90 days after	er filing.) Pursuant to 605.020
n effective date is listed, the date must be specific		
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ote: If the date inserted in this block does not cument's effective date on the Department of ecord specifies a delayed effective date, but is filed. June, 13	of State's records. not an effective time, at 12:01 a.m. on the earlier of: (