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COVER LETTER

Div	ision of Corp	porations					
SUBJECT:		obal Solutions LLC					
Name of Limited Liability Company							
The enclosed	i Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspon	ndence concerning this matter	to the following:				
		Robert Gerstein					
			Name of Person	<u> </u>			
		Gerstein Global Solutions		<u> </u>			
			Firm/Company				
		17396 Pagoda Palms Drive	:				
			Address				
		Boca Raton, Florida 33496					
			City/State and Zip Code				
		rgerstein@gersteinglobal.co					
		E-mail address: (to be used for future annual report notil	acation)			
For further in	nformation co	oncerning this matter, please co	all:				
Robert Gers	tein		561 445-1630 at ()				
	Name of	f Person	Area Code Daytime	e 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)			

Mailing Address:

TO:

Registration Section

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

2024 MAR 25 PM 3: 28 SECRETARY OF STATE TALL AHASSEF, FL

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gerstein Global Solutions LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny <u>as it now appears on our records.</u>) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000088404</u> .	were filed on February 20, 2024 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	1200 North Federal Highway, Suite 200	
(Principal office address MUST BE A STREET ADDRESS)	(Name of the Limited Liability Company as It now appears on our records.) (A Florida Limited Liability Company) ion for this Limited Liability Company were filed on February 20, 2024 and assigned and assigned and assigned and assigned titled to amend the following: Inter the new name of the limited liability company here: Inter the new name of the limited Liability Company, the designation "LLC" or the abbreviation "LLC." ices address, if applicable: Inter the new name of the limited Liability Company, the designation "LLC" or the abbreviation "LLC." ices address, if applicable: Inter the new name of the limited Liability Company, the designation "LLC" or the abbreviation "LLC." ices address, if applicable: Inter the new name of the limited Liability Company, the designation "LLC" or the abbreviation "LLC." ices address, if applicable: Inter the new name of the limited Liability Company, the designation "LLC" or the abbreviation "LLC." ices address, if applicable: Inter the new name of the limited Liability Company, the designation "LLC" or the abbreviation "LLC." ices address on the new registered address on our records, enter the name of the new registered agent and agree to act in this capacity. I further agree to comply with the stretative to the proper and complete performance of my duties, and I am familiar with and if my position as registered agent as provided for in Chapter 605, F.S. Or, if this doment is fleed in writing of this change.	
		-
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BOX)		_
		-
	address on our records, enter the name of the new registe	erec
agent and/or the new registered office address here:		
Name of New Registered Agent:		
		-
New Registered Office Address:	Enter Florida street address	-
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:		
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	
company has been notified in writing of this change.	> - 20 ⋅	 -
	52 6 E	
KO		5
II Chai	nging 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

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ective date, if other than th	o date of filing:		(0	ptional)		
effective date is listed, the date mu	ust be specific and cannot l	oe prior to date of filing o	r more than 90 days a	after filing.)	Pursuant to	605.0
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cord specifies a delayed effecti	ive date, but not an effe	ctive time, at 12:01 a.i	n. on the earlier of	f: (b) The	90th day	after
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	Signature of a member	or authorized representa	ive of a member	OF S	<u>규</u> 끚	

Filing Fee: \$25.00