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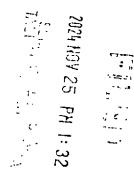
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COVER LETTER

Registration Section

TO:

Division of Corp	porations		
GOAICRM	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ndence concerning this matter	to the following:	
	Jason Steward		
		Name of Person	
	GoAiCRM LLC		
		Firm/Company	
	19505 BISCAYNE BLVD	.SUITE 2350	
		Address	
	AVENTURA, FL 33180		
		City/State and Zip Code	
	marketautomationformula@ E-mail address: (gmail.com to be used for future annual report not	ification)
For further information co	oncerning this matter, please c		
Jason Steward		786 925-8551	
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section corporations 7	Street Address: Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C A CDMIIC

	GOAICKM LLC	
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) y)
The Articles of Organization for this Limited I Clorida document number L24000323811	07/22/2024 and assigned	
his amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	here:
he new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	707
Principal office address MUST BE A STRE	ET ADDRESS)	
		2
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<u> </u>
		- 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
3. If amending the registered agent and/or igent and/or the new registered office addre	ess here:	r records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	Ruby Steward	
New Registered Office Address:	19505 Biscayne Blvd. Suite 23	
	Enter 1	Florida street address
	Aventura	, Florida 33180
	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>	Name	Address	Type of Action
AMBR	Ruby Steward	19505 Biscayne Blvd. Suite 2350 Aventura FL 33180) ∃ Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

(If an effect <u>Note:</u> If	e date, if other than the date of filing:
f the record s ecord is filed	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
Dotad	November 21, 2024.
Dated	_
Dated	Joseph Send
Daicu	Movember 21, 2024. Signature of a member or authorized representative of a member JASUN Steward. Typed or printed name of signee