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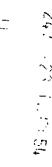
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COVER LETTER

TO:

TO: Registration So Division of Cor				
GorillaEdg				
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	John Yudin			
		Name of Person		
	Guy Yudin & Foster, LLP			
		Firm/Company		
	55 SE Ocean Blvd			
		Address		
	Stuart, Fl 34994			
		City/State and Zip Code		
	johnyudin@guyyudinlaw.c			
	E-mail address: (to be used for future annual report noti	ification)	
For further information c	oncerning this matter, please c	all:		
John Yudin		772 2867372		
Name o	f Person	Area Code Daytim	ne Telephone Number	
Enclosed is a check for t	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		Street Address:	ation.	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	-	The Centre of 7	•	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GorillaEdge LLC.	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were for a document number <u>L24000353243</u> .	filed on 8/12/24 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
GorillaEdge Business Coaching LLC	
he new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	73
Principal office address MUST BE A STREET ADDRESS)	
	7.
Enter new mailing address, if applicable:	다. - 1
Mailing address MAY BE A POST OFFICE BOX)	5
	:-
<u> </u>	
B. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	s on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Ci.	

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 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
			□Add
			Remove
			□ Change
			□Add
			Remove
			□ Change
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