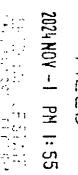
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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
GaiaRising	Solutions LLC			
SUBJECT:	Name of Lin	nited 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:		
	Patricia Sanchez			
		Name of Person		
	GaiaRising Solutions		*	
		Firm/Company		
	7901 4th St N #300			
		Address		
	St. Petersburg FL 33702, I	United States		
		City/State and Zip Code		
	gaiarisingsolutions@gmail. E-mail address: (to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all:		
Patricia Sanchez		786 9131740		
Name of Person		at () Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	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)	
Madian Adda.		S)		
<u>Mailing Addres</u> Registration S			Street Address: Registration Section	
Division of C		Division of Corporations		
P.O. Box 632			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 HOV - I PM 1: 50

GaiaRising Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	The state of the s	
The Articles of Organization for this Limited Liability Company	were filed on August 20, 2024 and assigned	
Florida document number 1.24000366027		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	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:	7901 4TH ST N STE 300	
Principal office address MUST BE A STREET ADDRESS)	ST. PETERSBURG, FL	
	US 33702	
(Mailing address MAY BE A POST OFFICE BOX)		
	address on our records, enter the name of the new regis	
	address on our records, enter the name of the new regis	
gent and/or the new registered office address here:		
	Enter Florida street address	
Name of New 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>	<u>Address</u>	Type of Action
MGR	Patricia Sanchez	1951 nw 7th ave 160/115	≡ Add
		Miami, FL	□Remove
		33136	□Change
			□Add
			□Remove
		<u> </u>	□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

*	
	
Effective date, if other (If an effective date is listed, Note: If the date inserte	er than the date of filing: (optional) If, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
	ate on the Department of State's records.
	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.	2024
ord is filed.	
ord is filed.	