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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077

Fax Number : (845)818-3588

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email:	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GASIMA GLOBAL VENTURE PARTNERS, LLC

Certificate of Status	0
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M. SOLOMON

DEC - 5 2023

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Help

From: Vcorp Services, LLC

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	rs on the records of the Florida	Department of	
State: Gasima Global Venture Partners LLC			
Enter new principal office address, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		:	
	 		
2. The Florida document number of this limited lia	ability company is: M2300000	5109	() 4
Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: Apri	11 20, 2023	. 5,	- C
SECTION II (5-9 complete only the applicable			
5. New name of the limited liability company: G (mus	iasima Growth Partners, LLC st contain "Limited Liability C	ompany, " "L.L.C.," or "LLC.)
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.	maging members adopting the	business in Florida and attach alternate name. The alternate n	a ame
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our reconddress here:	ds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Emer Flor	da Street Address	
		, Florida	_
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	ent and agree to act in this cap r and complete performance of tered agent as provided for in r in the registered office addres	Zip Code acity. I further agree to comply my duties, and I am familiar w Chapter 605, F.S. Or, if this	rìth
	Themains Renistered Assent Si	unature of New Registered Aug	·nt

From: Vcorp Services, LLC

3. If the amendment changes person, title or capacity in accordance with 605,0902 (4)(e), indicate that change:							
itle! Capacity	Name	Address	Type of Action				
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 			□Add				
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aforementioned am	cate, if required: no more than 90 da endment(s), duly authenticated by the law of which this entity is organized by the law of which this entity is organized. Authory factors 503522CFACTORSE Signature of the	he official having custody of records in the zed.	□Remove				

Filing Fee: 825.00



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'GASIMA GLOBAL VENTURE

PARTNERS LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO 'GASIMA GROWTH PARTNERS, LLC' ON THE FIRST DAY OF

DECEMBER, A.D. 2023, AT 2:52 O'CLOCK P.M.



Authentication: 204708872

Date: 12-01-23