ML30000 11948

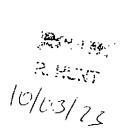
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PICK-UP	MAIT	MAIL
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(B	usiness Entity Name)	
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Certified Copies	Centificates of	of Status
Special Instructions to Fill	ing Officer:	

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 021348 8426281

AUTHORIZATION :

COST LIMIT : \$ 25.00 Reserved

ORDER DATE: September 28, 2023

ORDER TIME : 10:01 AM

ORDER NO. : 021348-030

CUSTOMER NO: 8426281

FOREIGN FILINGS

NAME: TGE01, LLC

____ CORPORATE

____ LIMITED PARTNERSHIP

XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

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 appears on the records of the Florida Department of
State:TGE01, LLC
Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
2. The Florida document number of this limited liability company is: DE M23000011948
3. Jurisdiction of its organization: DE
ω 00/18/2022
4. Date authorized to do business in Florida: SECTION II (5-9 complete only the applicable changes) 5. New name of the limited liability company: GIA TGE01, LLC
5. New name of the limited liability company: GIA TGE01, LLC
(must contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")
6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered 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:
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.

itle/ Capacity	<u>Name</u>	Address	Type of Action
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	-	<u>-</u>	Remov
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	ficate, if required: no more than 90 days	s old, evidencing the official having custody of records in the	□Remov

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "TGE01, LLC", CHANGING ITS NAME FROM "TGE01, LLC" TO "GIA TGE01, LLC", FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2023, AT 12:52 O'CLOCK P.M.

5893 OFT = 3 PR 12: LO



Authentication: 204280482

Date: 09-30-23

7677619 8100 SR# 20233602786

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

as follows:	
1. The name of	E the limited liability company is GIA TGE01, LL
N WITNESS W	/HEREOF, the undersigned have executed this Certificate day of September , A.D. 2023 .