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12/12/23--01007--014 **43.75

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: GAPBRIDGE TEC	CHNOLOGIES INC	
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	SYED AHMED		
		Name of Contact Person	ı
	INTEGRAL TAX, ACCOUN	TING & FINANCIAL SE	RVICES LLC
		Firm/ Company	
	569 PALIO COURT		
		Address	
	OCOEE, FL 34761		
		City/ State and Zip Code	
	SYED@INTEGRALTAX.NI	Eľ	
	-	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
SYED AHMED		at (<u>407</u>	232-1865
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address Iment Section In of Corporations entre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

G	A	p	К	R	ı	D	G	H	٦,	H	(1	4	Ν	C	1(C	(il	ES	I١	IC.

(Name of Corporation as a	s currently filed with the Florida Dept. of State)
P15000086207	
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statu its Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ration:
	The new
name must be distinguishable and contain the word "corpora "Inc.," or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviation	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word on "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u></u>
C. Enter new mailing address, if applicable:	7,
(Mailing address MAY BE A POST OFFICE BOX)	;
	·
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D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
	Florida street address)
V D : 100 (11	1214.
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registere	ed Agent:
I hereby accept the appointment as registered agent. I am f	familiar with and accept the obligations of the position.
Signature o	of New Registered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.01	0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u> 14</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	þ	SUDHEER KUMAR SABBINENI	# 157/A, 2ND FLR, 5TH SECTOR
Add			OUTER RING RD, HSR LAYOUI
Remove			BANGALORE, KA 56010-2, IND
2) Change	MGR	RISHI BANSAL	#157/A, 2ND FLR, 5TH SECTOR
Add			OUTER RING ROAD, HSR LAYO
X Remove			BANGALORE, KA 56010-2, IND
3) Change	MGR	NEELESH GARG	H.NO. 52 MANALI HOUSE
Add			OPP SESSION HOUSE
X Remove			AMBALA CITY, HA 134003, INE
4) Change	VP	UDO ROSSNER	NIERMANNSWEG 11, ERKRATE
X Add			NORTH RHINE - WESTPHALIA
Remove			40699, GERMANY
5) Change	D	SRIDEVI ALLA	12981 ENTRADA DRIVE
X Add			ORLANDO, FL 32837
Remove			UNITED STATES
6) Change			
o, change			
Add			
Remove			

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an amendment provides for rovisions for implementing	an exchange, reclassi	fication, or cancella	tion of issued shares.		
(if not applicable, indicate		Contained in the air	iendiienensen.		
					

The date of each amendment(s) adoption: ______, if other than the date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by _______(voting group) **DECEMBER 8, 2023** Dated_. Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) SRIDEVI ALLA (Typed or printed name of person signing) DIRECTOR

(Title of person signing)