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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor			
	Gian & Chr	isty Comsulting, LLC		
SUBJE	ECT:	Name of Limit	led Liability Company	
The en	closed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please	return all correspo	endence concerning this matter t	o the following:	
		Gian Musino		
		Gian & Christy Comsulting	Name of Person , LLC	
			Firm/Company	
		10437 SW 80th St.		
			Address	1,000,000
		Miami, FL 33173		
		ffmusino78@gmail.com	City/State and Zip Code	
		E-mail address: (to	be used for future annual report notific	cation)
For fur	ther information c	oncerning this matter, please cal	II:	
Gian M	lusino		305 796-2188	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$23	5.00 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)

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gian & Christy Comsulting, LLC

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

April 14, 2022

	(A Florida Limited	Liability Company)	•
The Articles of Organization for this Limited I Florida document number 1.22000179880		were filed on April 14, 2022	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
GLCM Management, LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> BOX)</u>	N/A	
B. If amending the registered agent and/or agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:		Enter Florida street addres	orida N/A
		City	Zip Code

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
N/A	N/A	N/A	□Add
	 		CIAdd
			□Remove
N/A	N/A	N/A	
			□Remove
			□Change
N/A	N/A	N/A	
		□Add	
		□Remove	
		 	□Change
			□Add
			□Remove
			□Change
N/A	N/A 	DAdd	
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			□Change
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ectiv ceffec	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
<u>te:</u> l:	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
umei	it's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s file	l.
	11.
ed _	May 6 2022
	- Millian
	Signature of a member or authorized representative of a member
	Gian L. Musino Typed or printed name of signee
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