

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Unills 1	. No.	_ "
	Office Use Onl	ly



12/04/28--01084--018 **25.00

COVER LETTER

TO: Registration Se Division of Con		*			
Al Advisor	y Services, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fec(s) are sub	-			
	Spencer Gauta				
		Name of Person			
	Al Advisory Services, LLC				
Firm/Company					
	5822 Spanish Oaks Lane				
		Address			
	Naples, FL 34119				
		City/State and Zip Code			
	spencergauta@gmail.com	to be used for future annual report notifica	ation)		
For further information (concerning this matter, please c				
Spencer Gauta	one of the state o	239 285-5479			
	of Person	at ()	elephone Number		
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		Street Address:	On.		

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

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

Al Advisory Servies, LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{117}{2}$	20/2023 and assigned
lorida document number 1.23000522274	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company he	<u>re</u> :
he new name must be distinguishable and contain the words "Limited Liability Company." the de	osignation "LLC" or the abbreviation "LLC"
\mathcal{J}^{r}	signation face of the authernation face.
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	;
	1_
nter new mailing address, if applicable:	1
Mailing address MAY BE A POST OFFICE BOX)	<u></u>
	, ,
. If amending the registered agent and/or registered office address on our re	ecords, enter the name of the new registo
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	ida street address
	, Florida
City	Zin 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 Changing Registered Agent, Signature of New Registered Agent

If antending 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 Title Name Address Type of Action ___ __ 🗀 Add _____ 🗀 Add

_ □Change

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e <mark>ctive</mark> i effecti	e date, if other than the date of filing: (optional) ive 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 605.02
te: lf	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.
-(IIIICIII	t's execute date on the Department of State's records.
recor	rd specifies a delayed effective date, but not an effective time, at 12:01 வரு. on the earlier
	Oth day after the record is filed.
	November 29th 2023.
tedt	November of auxo
	Description the
	replature of a member or authorized representative of a member
	Trail
	~ 1000

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Filing Fee: \$25.00