## 110000039369

(Re	questor's Name)		
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(Cit	y/State/Zip/Phone #)		<del></del>
PICK-UP	☐ WAIT	MAIL	:
(Bu	siness Entity Name)		
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Certified Copies	_ Certificates of	Status	·
Special Instructions to	Filing Officer:		

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## COVER LETTER

TO:	Registration Se Division of Cor				
CUIN II		& ASSOCIATES, LLC			
SUBJI	E.CT:	Name of Lim	ited Liability Com	pany	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Scott Koval			
			Name of Pe	:гѕол	
		Gauler & Associates, LLC			
			Firm/Comp	pany	<del></del>
		6950 Philips Highway, Sui	te 11		
			Address	;	<del></del>
		Jacksonville, Fl. 32216			
			City/State and 2	'ip Code	
		information@flces.com	to he would for firm	re annual report not	(Gantian)
For fur	rther information c	oncerning this matter, please ca		e amuai report noc	incanon)
Scott I	Koval		904 at (	349-7503 ).	
	Name o	f Person	Area C	ode Daytin	ne Telephone Number
Enclos	sed is a check for th	ne following amount:			
<b>■</b> \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Fil Certified (additional)		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ation Section n of Corporations ox 6327 ssee, FL 32314	' I	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 33	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GAULER & ASSOCIATES, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability(Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/13/2010}{1}$ and assigned Florida document number L10000039369 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviations "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office 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

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

lf amendir or removed	ng Authorized Person(s) authorized from our records:	ed to manage, enter the title, name, and ad	dress of each person being added
MGR = 1	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	J.L. Clark	6950 Philips Highway	□ Add
		Suite 9 - 12	■ Remove
		Jacksonville, FL 32216	Change
MGR	Christiane Ottmann	6950 Philips Highway	Add
		Suite 9 - 12	■ Remove
		Jacksonville, FL 32216	Change
			□ Add
			□ Remove
			□ Change
***		_	
			Remove
			Change
			Remove
			Change
			Remove
			□ Change

decision-	making on behalf of the Li	.C: specially: M	1GR Andy Gau	ler may again ex	ecute an instrum	ent transferring
real prop	erty held in the name of the	company, as v	vell as may ente	r into other trans	sactions on behal	f of, or
otherwise	e act for or bind, the compa	ny.				
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ffective dat If the da	e, if other than the date of e is listed, the date must be spe ate inserted in this block do ective date on the Departm	of filing: cific and cannot b es not meet the	e prior to date of applicable statt	្ស វេស៊ីng or more than		g.) Pursuant to 605
	ecifies a delayed effeo day after the record is		i ut not an eff	fective time, a	at 12:01 a.m.	on the earli
i	December 15	2017	<u>.</u>			
	Se.	W Su	)			
_ <del>_</del>	Signar	re of a menther	or authorized rep	resentative of a me	mber	

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Filing Fee: \$25.00