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COVER LETTER

Division of Corpo						
John Land	e Consulting LLC					
Name of Limited Liability Company						
The enclosed Articles of Ar	nendment and fee(s) are subm	uitted for filing.				
Please return all correspond	ence concerning this matter to	o the following:				
	Brandon A. Stanko					
		Name of Person				
	Karstaedt & Stanko,	P.A.				
		Firm/Company				
	301 W Bay St Ste 14	132				
	Jacksonville, FL 322	02 Address				
		City/State and Zip Code				
	john@giftedowl.com	be used for future annual report noti	Sant'an)			
For firster information con	cerning this matter, please cal	•	acadon)			
Brandon A. Stanko	cerning and matter, prease car	904.217.5159				
Name of P	crson	at () Area Code Daytim	e Telephone Number			
Enclosed is a check for the	following amount:					
\$25.00 Filing Fee	□ \$30.00 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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

John Lane Consulting LLC		
(Name of the Limited	d Llability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on April 23, 2015	and assigned
Florida document number <u>L15000076054</u>	·	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
Gifted Owl Technologies LLC		
	rds "Limited Liability Company," the designation "LLC" or the at	breviation "L.L.C."
Enter new principal offices address, if applical	hle:	
		
(Principal office address MUST BE A STREET	ADDRESS)	
		<u>. </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	<u> </u>
B. If amending the registered agent and/or	r registered office address on our records, enter	the name of the pev
registered agent and/or the new registered offi	ce address here:	
		ر این این
Name of New Registered Agent:		50 B
New Registered Office Address:		•
	Enter Florida street address	
	Florida	
	City	7In 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 = M AMBR = A	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
		 	Change
			D Add
			□ Remove
			Change
			
			Remove
			Change
			Remove
			Change
 -			
			□ Remove
			Change
			
			Remove
			D.C

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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lf an effecti Note: If t	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated	<u>a/26/19</u>
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00