L15000117690

(Re	equestor's Name)	
(Ac	ldress)	<u></u>
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nai	me)
(Dc	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		05/10/21 Mi





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COVER LETTER

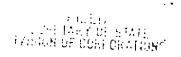
TO:

Tallahassee, FL 32314

TO: Registration So Division of Co			
SUBJECT: GD	W CONSULTING Name of Limit	· LLC	
5000EC1	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GAR	Y W AN G- Name of Person	
		Name of Person	
	EDW	CONSULTING LC	
		. ,	
	7711	NW 18th Cou	w+
	Mara	ate, FL 3306? City/State and Zip Code	3
	^	City/State and Zip Code	
	E-mail address:	@gdwconsult.co	ication)
For further information of	concerning this matter, please ca	all:	
Gary (Nang	at (561) 248-6 Area Code Daytime	189
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	5 \$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 Addres		Street Address:	
Registration		Registration Sec	
Division of C P.O. Box 632	•	Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited L

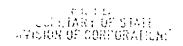
The Articles of Organization for this Limited Liability Company v	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:		
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	City	, Florida

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 21 MAR 22	Phrypelof Action
AMBR	DAWN M. WANG	7711 NW 18th Court	🛮 🗖 Add
		MARGATE, FL 33063	□Remove
			□Change
			□ Add
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			□Change

nending any other information, enter change(s) here: (Attach addition	avisión of corporation.
	21 MAR 22 PA 3: 44
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ective date, if other than the date of filing: MARCH 20 2021 effective date is listed, the date must be specific and cannot be prior to date of filing or many of the date inserted in this block does not meet the applicable statutory filing ement's effective date on the Department of State's records.	nore than 90 days after filing.) Pursuant to 605.0
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. filed.	on the earlier of: (b) The 90th day after
MARICH 16 2021.	
Signature of a member or authorized representative	of a member
Typed or printed name of signee	į į