## 116000124695

| (Re                     | equestor's Name)   |             |
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| (Ad                     | idress)            |             |
| (Cit                    | ry/State/Zip/Phone | e#)         |
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| (Bu                     | siness Entity Nan  | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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SECRETARY OF STALL

MAY 2 2 2017 J SHIVERS

## **COVER LETTER**

|             | egistration Se<br>Pivision of Cor |  |   |   |
|-------------|-----------------------------------|--|---|---|
| SUBJECT     |                                   | ASSOCIATES CONSULTING                        | LLC   | ·   |
| SUBJECT     |                                   | Name of Limi                                 | ted Liability Company   |   |
| The enclos  | sed Articles of                   | Amendment and fec(s) are sub                 | nitted for filing.  |   |
| Please retu | ırn all correspo                  | ndence concerning this matter                | to the following:   |   |
|             |                                   | Matthen Kn                                   | Name of Person  |   |
|             |                                   | Krieger Law                                  | Firm/Company  |   |
|             |                                   | 605 Lincoln                                  | Road Suite 4  | 50  |
|             |                                   | MIAMI BEA                                    | City/State and Zip Code   |   |
|             |                                   | irene jose @<br>-mail address: (t            | Me.COM<br>o be used for future annual report notifi                 | ication)  |
| For further | information co                    | oncerning this matter, please ca             | 11:   |   |
| Matt        | Name of                           | VILGE (                                      | at ( <u>205</u> ) <u>695 – 1</u><br>Area Code Daytime               | 950<br>Telephone Number   |
| Enclosed i  | s a check for th                  | e following amount:                          |   |   |
| \$25.00     | ) Filing Fee                      | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fec,<br>Certificate of Status &<br>Certified Copy<br>(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

| GATTI & ASSOCIATES CONSULTING 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 06/29/2016  Florida document number  | and assigned            |
| 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                                     | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |                         |
| (Principal office address MUST BE A STREET ADDRESS)  | <u> </u>                |
| 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, enteregistered agent and/or the new registered office address here: | er the name of the new  |
| Name of New Registered Agent:  | <b>三</b>                |
| New Registered Office Address:  Enter Florida street address   | IAY 22                  |
| , Florida  |                         |
| City   | Zip Code                |
| New Registered Agent's Signature, if changing Registered Agent:  | 2                       |

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 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 |  |  |
|--------------|-------------------|-------------------|----------------|--|--|
| Member       | Jose Luis de Leon | 505 Carrara Court | Add            |  |  |
|              |                   | Jupiter, FL 33478 | □ Remove       |  |  |
|              |                   |                   |                |  |  |
|              |                   |                   |                |  |  |
|              |                   |                   | Remove         |  |  |
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|              |                   |                   | Add            |  |  |
|              |                   |                   | □ Remove       |  |  |
|              |                   | ☐ Change          |                |  |  |
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| ffectiv<br>an effe | <b>ve date, if oth</b><br>ective date is lister | er than the da<br>d, the date must b   | ate of filing:<br>e specific and c      | annot be pr | ior to date o | f filing or mo | e than 90 da | ( <b>optional</b> ) | ) Pursuant t   | n 605 0  |
| ote:               | If the date inser                               | ted in this block  | k does not me                           | et the app  | licable stat  | utory filing   | requiremen   | nts, this date      | will not b     | e listed |
| ocume              | ent's effective o                               | late on the Depa   | artment of St                           | ate's recor | as.           |                |              |                     |                |          |
|                    |   | a delayed e<br>er the recor  |   | ite, but i  | not an ef     | fective tir    | ne, at 12    | 2:01 a.m.           | on the e       | arlier   |
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|                    | N/A   | 1,19   | <del></del> ,                           |             |               |                |              |                     |                |          |
| ated_              | WA  | 4/1  | ······································  |             | <del></del>   |                |              |                     |                |          |

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Typed or printed name of signee

Filing Fee: \$25.00