L17000055906

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COVER LETTER

	vision of Cor				
SUBJECT:		ALEZ CONSULTING LLC			
obole i.		Name of Lim	ited Liability Company		
The enclose	d Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspon	ndence concerning this matter	to the following:		
		GOMEZ. GUSTAVO			
			Name of Person		
			Firm/Company		
	2674 JARVIS CIRCLE				
			Address		
		PALM HARBOR, FL 346	83		
			City/State and Zip Code		
		E-mail address: (to be used for future annual report noti-	fication)	
or further i	nformation co	oncerning this matter, please ca	all:		
GOMEZ, G	USTAVO		727 442-1888		
	Name of	Person	at () Area Code Daytime	e Telephone Number	
Enclosed is	a check for th	e following amount:			
\$25,001	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

بي

, GOMEZ VALEZ CONSULTING LLC	6 68
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Ciability Company)
The Articles of Organization for this Limited Liability Company	ware filed on 03/10/2017 and assigned
Florida document number L17000055906	T Room
This amendment is submitted to amend the following:	were filed onand assigned acceptance and acceptance and assigned acceptance and assigned acceptance and accepta
A. If amending name, enter the new name of the limited liab	ility company here:
GOMEZ VELEZ CONSULTING LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	NA
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	N H
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	NIA
	Enter Florida street address
	Florida _
	City Zip 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			_ □ Add
			□ Remove
	2		Change
		_/	□ Add
	/		☐ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
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-, -		
		
(If an effective Note: If the	date, if other than the date of filing:	suant to 605.0207 (3)(b) not be listed as the
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the third the record is filed.	he earlier of:
Dated	April 24 18	
	Suy Martin Authoriz	- Steeom
	Signature of a member or authorized representative of a member	<u>e</u>)
	Lay Masura Si	en.
	Typed or printed name of signee	DIVISI
	/	ECHETAR SIGN OF C
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