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SECRETARY OF STATE OIVISION OF CORPORATION

N COOPER MAY 11 2018

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Gaeta Privale	Consolting, UC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	(Brandon Gaela	·
	<u>^</u>	Name of Person	
	- Caet	A Mak ansilting C	
	1	D81 Gace St	
		Address	
	W	0.0 0	
		City/State and Zip Code Opeta ConSV HVA & ovtlor	
Cor further information	E-mail address: (concerning this matter, please c	(to]be used for future annual report notific	cation)
	the concerning this matter, prease of	an.	V (2)
- VVV Name	day Sactu of Person	at (321) Surface Daytime	Telephone Number
Enclosed is a check for	the 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 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

(nota	Private Consulting, LLC
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 7/28/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabil	hty 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)	NEC YES
	4 07 7
	CONFORMATION OF THE PROPERTY O
Enter new mailing address, if applicable:	7 A 5
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Brandon J Goda	3081 Grace St	F Add
		Melbama Cl 32904	□ Remove
			Change
MOL	Christina M Gaeta	3081 Grace St	Add
		Melbone FL 32904	∰ Remove
			Change
			Add
			□ Remove
			Change
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fective date, if other than the date of filing:	(optional) than 90 days after filing.) Pursuant to 605.0
ote: If the date inserted in this block does not meet the applicable statutory filing rocument's effective date on the Department of State's records.	equirements, this date will not be listed
reunent s effective date on the Department of State S records.	
record specifies a delayed effective date, but not an effective tim	ne, at 12:01 a.m. on the earlie
The 90th day after the record is filed.	
and May 3rd . 2018.	
ated 1710	
Enh buta	
Signature of a member or authorized representative of	a member
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Filing Fee: \$25.00