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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	

Office Use Only

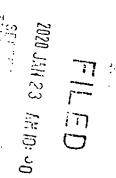


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COVER LETTER

TO: Registration Se Division of Con				
Gibbs & So	ons, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The proloned Assistance	Amondment and foo(a) are sub	amitted for filing		
	Amendment and fee(s) are sub	-		
Please return all correspo	ondence concerning this matter	to the following:		
		Joseph W. Lawrence, II		
		Name of Person		
	Vezina	, Lawrence & Piscitelli, P.A.		
		Firm/Company		
	350 East Las Olas Blvd., 1130			
		Address		
	Fo	rt Lauderdale, FL 33301		
		City/State and Zip Code		
		lawrence@vlplaw.com to be used for future annual report not	tification)	
For further information c	oncerning this matter, please c	•	terication)	
	oncoming and maner, prouse o		10	
Joseph W. Lawrence, II		954 728-127 at ()		
Name o	f Person	Area Code Daytir	nc Telephone Number	
Enclosed is a check for th	ne 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 Addres Registration 5		Street Address: Registration Se	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gibbs & Sons, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) January 23, 2020 The Articles of Organization for this Limited Liability Company were filed on ___ and assigned L17000225305 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Gibbs & Sons Consulting, LLC The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , 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.

City

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>	<u>Address</u>	Type of Action
			□ Vqq
			□Remove
			Change
			□Add
			□Remove
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Note: If the	tate, if other than the dedate is listed, the date must be date inserted in this block effective date on the Dep	k does not meet the appl	icable statutory filing t	(optional) c than 90 days after filing.) requirements, this date v	Pursuant to 605.0207 (vill not be listed as t
record spe d is filed.	cifies a delayed effective	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
Dated	January 23	, 2020	·		
		Josephil			
-	<u> </u>	ignature of a member or aut	harized representative of	a member	
	_	ignature of a member of aut	nonzeu representative of	a memoer	

Filing Fee: \$25.00