## L180000 45482

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



000309478810

03/01/18--01025--014 \*\*25.00

18 MAR - 1 PM 7: 43

FILEU SECRETARY OF STATE TALLAHASSEE, FLORID

## **COVER LETTER**

	tration Sec on of Corp			
		JLTING, LLC		
SUBJECT: _			ited Liability Company	
The enclosed A	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return al	ll correspon	dence concerning this matter	to the following:	
		JUANITA BROWN		
		<del></del>	Name of Person	
		GJC CONSULTING, LLC		
			Firm/Company	
		2421 NW 23RD AVE		
			Address	
		FORT LAUDERDALE, F.	L 33311	
			City/State and Zip Code	
		JUANITA.BROWN@ROC		
			to be used for future annual report notifi	cation)
For further info	ormation co	ncerning this matter, please ca	all:	
JUANITA BR	JUANITA BROWN 954 547-0833			
	Name of	Person	at ()	Telephone Number
Enclosed is a cl	heck for the	following amount:		
■ \$25.00 Fili.	ng Fcc	□ \$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

GJC CONSULTING, LLC		
(Name of the Lim	ted Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecards,)
The Articles of Organization for this Limited L		and assigned
This amendment is submitted to amend the fol		
A. If amending name, enter the new name of	of the limited liability company here:	
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 appli	cable:	SEC 18
(Principal office address MUST BE A STRE	AR	
		ARY ARY
Enter new mailing address, if applicable:		7: E
(Mailing address MAY BE A POST OFFICE	<u>\$</u> \$	
B. If amending the registered agent and registered agent and/or the new registered of		cords, enter the name of the nev
Name of New Registered Agent:	JUANITA BROWN	
New Registered Office Address:		
<del></del>	Enter Florida street o	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.

f Changing Registered Agent, Signature of New Registered Agent

Page Note

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>	Name	Address	Type of Action
MGR	JUANITA BROWN	2421 NW 23RD AVE	Add
		FORT LAUDERDALE	Пр
		FL, 33311	Change
			□ Add
		<del></del>	□ Remove
			Change
	<del></del>		Add
			Remove
			Change
			Add
			Remove
			Change
<u>-</u> _			
			Remove
			Change
			Add
			☐ Remove
			Change

	<u> </u>			<u> </u>			
		<u>.</u>		<u> </u>			
				<u>-</u>			
					· . <u>-</u>		
				<u></u>		<del></del>	
							ಫ
	<del></del> .						8 MAR -
	_						<del>- 20</del>
							<b>-</b>
							<u> </u>
							<del>!</del> 32
	<u> </u>						<u>~~</u>
	<del>-</del>						
ote: If the date	f other than the of slisted, the date must inserted in this blo tive date on the De	ck does not mee	et the applicab	date of filing or m	<b>(opt</b> fore than 90 days aft g requirements, th	t <b>ional)</b> er filing.) Pursuan iis date will not	to 605.020 be listed a
	cifies a delayed y after the reco		te, but not	an effective t	ime, at 12:01	a.m. on the	earlier (
ted FCb	ruary 2	27th	2018				
	- [1]	Unal L	1.1.	,			

Page 3 of 3

Filing Fee: \$25.00