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COVER LETTER

	ation Sect n of Corpo			
Ge SUBJECT:	rhardsteir	n Consulting, LLC		
SOBJECT		Name of Limi	ited Liability Company	
The enclosed Art	ticles of Ai	mendment and fee(s) are sub	mitted for filing.	
Please return all	correspone	lence concerning this matter	to the following:	
		Lisa Gerhardstein		
			Name of Person	
		Gerhardstein Consulting	, LLC	
			Firm/Company	
		8731 Rolling Brook Lane	?	
			Address	
		Jacksonville, FL 32256		
			City/State and Zip Code	
		lagcag1@gmail.com		
		E-mail address: (1	to be used for future annual report notifi	ication)
For further infor	mation con	cerning this matter, please ca	all:	
Carl Gerhardst	ein		904 608-0261	
	Name of F	Person	at () Area Code — Daytime	Telephone Number
Enclosed is a che	eck for the	following amount:		
■ \$25.00 Filing	g 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

Gerhardstein Consulting, LLC					
(Name of the Limit	e <mark>d Liability Comp</mark> (A Florida Limited	a <mark>ny as it now app</mark> Liability Compan	cars on our records.) y)		
The Articles of Organization for this Limited Li Florida document number L18000060070 This amendment is submitted to amend the following the content of th	ability Company			and assig	gned
	-				
A. If amending name, enter the new name of NA	the limited fial	oility company	<u>there;</u>		
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," th	ne designation "LLC" or the abb	reviation "L.L	.C."
Enter new principal offices address, if applicable:		NA			_ <u>≥</u>
(Principal office address MUST BE A STREET ADDRESS)				AUG -6	ECRETAR SION OF I
Enter new mailing address, if applicable:		NA		AH (0:	Y OF SIAI
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			<u> </u>	- <u>8</u>
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	• • •	<u>re</u> :	on our records, <u>enter t</u>	he name o	f the nev
			Florida	- <u>-</u>	
		City		Zip Code	
New Registered Agent's Signature, if changing I					
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as registered office	e performance provided for i	of my duties, and I am fa n Chapter 605, F.S. Or, i	miliar with f this docum	and nent is

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	Lisa A. Gerhardstein	8731 Rolling Brook Lane	
		Jacksonville, FL 32256	
			Change
			Add
			☐ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

Addi ——	ng Lisa Gerhardstein as the President of this LLC. Carf Gerhardstein is a ma	anager.
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		AM
		<u></u>
		2
ective o	ate, if other than the date of filing:(optional)
	edate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days to date inserted in this block does not meet the applicable statutory filing requirements	
	effective date on the Department of State's records.	
	specifies a delayed effective date, but not an effective time, at 12: h day after the record is filed.	01 a.m. on the earlie
116 90	in day after the record is med.	
r.sal	August 2 / 2018	
ted		
	(MITAL DIE SO)	
	Agnature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00