# 118000107342

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### **COVER LETTER**

Divisio	n of Corp	porations				
SUBJECT:	GON	ZALO WEALTH BUILD	ING LLC			
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed Ar	ticles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return all	correspoi	ndence concerning this matter	to the following:			
		RENE GONZALEZ				
			Name of Person			
		GONZALO CONSULTIN	G LLC			
	6900 TAVISTOCK LAKES BLVD. SUITE 400					
			Address			
		ORLANDO, FL 32827				
			City/State and Zip Code			
		RENE@GONZALOCONS				
		E-mail address: (	to be used for future annual report notifi	cation)		
For further infor	mation co	ncerning this matter, please ca	all:			
RENE GONZAI	LEZ		at () 313-1992 Area Code   Daytime			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a che	eck for the	e following amount:				
S25.00 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)		

TO:

Registration Section

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

#### GONZALO WEALTH BUILDING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L18000107342 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GONZALO 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, enterthe 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 City

#### 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		
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Note:	If the date inserted in this block does not meet	the applicable s	statutory filing rec	uirements, this	date will	not be lis	sted as
10cur	ment's effective date on the Department of State	s records.					
	ecord specifies a delayed effective date e 90th day after the record is filed.	e, but not an	effective time	, at 12:01 a	.m. on	the earl	ier of
Dated	4 June 2018.						
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Typed or printed name of signee

Filing Fee: \$25.00