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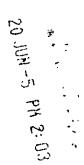
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COVER LETTER

	Registration Sect Division of Corpo						
	GONZALO	GONZALO Consulting LLC					
SUBJEC	T:	Name of Lamit	ed Liability Company	50	S. 29. 00.		
The encle	osed Articles of A	anendment and feets) are subn	nited for filing.		``.		
Please re	turn all correspon	dence concerning this matter to	the following:		الم الم		
		Rene Gonzalez			e,		
		GONZALO Consulting					
			Firm Company				
		6900 Tavistock Lakes Blvd	, Sinte 400				
		Orlando, FL 32827					
			City State and Zip Code				
		important@ gonzaloconsulti	ng com o be used for future annual report notif	cation)			
For furth	ier information co	oncerning this matter, please co					
Rene Gi	onzalez		888 466-9256				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclose	d is a check for th	e following amount:					
≣ \$25	,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	∑ 855,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy inddinonal copy is enclosed.			
	Mailing Address Registration S Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor	porations			
	P.O. Box 632 Tallahassee.	27	The Centre of T 2415 N. Monro	allahassee e Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Collin 2 2 03

GONZALO / RELCONSULTING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	Company wo	ere filed on $\frac{30}{2}$	April 2018	and assigned
Florida document number 1.18000107342	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liabilit	y company ho	<u>:re</u> :	
GONZALO Consulting LLC				
The new name must be distinguishable and contain the words "Lin	mited Liability	Company," the d	esignation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_			
(Principal office address MUST BE A STREET ADD)	<u>PRESS)</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	_			
maning dairess mat be a tost of the body	~			
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:		lress on our r	ecords, <u>enter</u>	the name of the new registered
New Registered Office Address:				
		Enter Flor	rida street addres	N.
			, Flo	orida Zip Code
		City		Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent;			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete pe agent as pro red office ad	rformance of vided for in (my duties, an Thapter 605, i	nd I am familiar with and F.S. Or, if this document is
	If Changin	g Registered Ag	ent, <u>Signature c</u>	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
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
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Page 2 of 3

Effective date, if other than the date of filing:						
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