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COVER LETTER

	egistration Se ivision of Cor			
CUBUCT	J.GS ARCI	CONCEPTS LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclos	ed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		ZENO JAMES		
			Name of Person	
		J.GS ARCH CONCEPTS I	LLC	
			Firm/Company	
		10528 DEERBERRY DRI	VE	
			Address	
		LAND O LAKES, FL 3463	38	
			City/State and Zip Code	
		jameszeno@gmail.com		
		E-mail address: (1	o be used for future annual report notific	cation)
For further	information co	oncerning this matter, please ca	ill:	
ZENO JAN	MES		347 463-1051	
	Name of	Person		Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

J.GS ARCH CONCEPTS LLC			
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on outed Liability Company)	иг records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on 07/30/20	18	_ and assigned
lorida document number L18000181971			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited l	iability company here:		
GS CONSULTANTS, LLC.			
he new name must be distinguishable and contain the words "Limited L	iability Company," the designat	ion "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>		- 1
			AUG TO
		ラシ	~
Enter new mailing address, if applicable:		S	ယ ကြာ
Mailing address MAY BE A POST OFFICE BOX)			
Matting dadress may be a 1 OST OFFICE BOAT			- (-)
			$\frac{\omega}{0}$
. If amending the registered agent and/or registered egistered agent and/or the new registered office address to the Name of New Registered Agent:	office address on our nere:	records, <u>enter th</u>	e name of the
New Registered Office Address:	Enter Florida stre	et address	
	who i mind sire		
	City	, Florida	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.

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
			Remove
			☐ Change
			Remove
			☐ Change
			
			PA Change
			Remove
			Change
			
			Change
		 	
			□ Remove
			□ Change

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Filing Fee: \$25.00