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COVER LETTER

	egistration Secti ivision of Corpo			-
enn reær	Gauthier, LLC			
SUBJEC I	:	Name of Linu	ted Liability Company	
The enclos	ed Articles of Ar	mendment and fee(s) are sub-	nitted for filing.	
		lence concerning this matter t		
		Mark R. Gauthier II		
			Name of Person	
		Gauthier, LLC		
			Firm Company	
		895 Shalimar Ct		
			Address	
		Shalimar, FL 32579		
			City/State and Zip Code	
		markiegauthier@gmail.co	m o be used for future annual report notif	ication)
For further	information con	cerning this matter, please ca		
	ine 60			(091)/0
	Name of F	Person	at (<u>56/</u>) <u>3/() ~ (</u> Area Code Daytime	: Telephone Number
Enclosed is	s a check for the	following amount:		
■ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
<u>N</u>	Tailing Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gauthier, 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 Company were filed on 11/02/2020 and assigned Florida document number 1,20000348162 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mark R. Gauthier II LLC The new name most be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 60 B. If amending the registered agent and/or registered office address on our records, enter the 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

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.

Cire

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>	<u>Address</u>	Type of Action
			□Change
			□Add
			□Remove
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