

L210000098719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

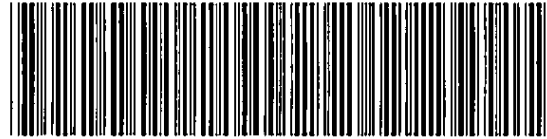
(Business Entity Name)

(Document Number)

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STATE
CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gallagher Planning Services, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie J. Gallagher
Name of Person
Gallagher Planning Services, LLC
Firm/Company
83 Andesite Trail
Address
Ponte Vedra, FL 32081
City/State and Zip Code
stephaniegallagherALC@gmail.com
E-mail address: (to be used for future annual report notification)

2023 DEC 15 11:14
STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Stephanie Gallagher at 980 254-1505
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing 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 Address:

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

Gallagher Planning Services 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 3/1/2021 and assigned
Florida document number L21000098719

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NA

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)

83 Andesite Trail
Ponte Vedra 71 32081

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

83 Andesite Trail
Ponte Vedra 71 32081

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:

Stephanie J Gallagher

New Registered Office Address:

83 Andesite Trail
Enter Florida street address
Ponte Vedra Florida 32081
City 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.

Stephanie J Gallagher

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Daniel R Galagher	83 Andesite Tr	<input type="checkbox"/> Add
		Porte Uena #1 32081	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I am amending the address
as we have moved. I would
also like to remove my
husband (Daniel Gallagher)
as I have applied as a
DBE/WBE and would like
to be 100% woman owned.
In addition:

Please revise Article III:
The purpose of Gallagher
Planning Services (GPS) is to do
contract based work in the
environmental planning field.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 12, 2023.

Stephanie J. Gallagher
Signature of a member or authorized representative of a member

Stephanie J. Gallagher
Typed or printed name of signer