

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Fax Number : (850)617-6383 From: Account Name : LVM ACCOUNTING SERVICES, INC. Account Number : 120200000106 Phone : (561)927-7157 Fax Number : (561)990+5571 305 - 9/2-0167 **Enter the email address for this business entity to be used for uture annual report mailings. Enter only one email address please. Email Address:	To:			
From: Account Name : LVM ACCOUNTING SERVICES, INC. Account Number : 120200000106 Phone : (561)927-7157 Fax Number : (561)990-5571 305 - 9/2-0167 **Enter the email address for this business entity to be used for uture annual report mailings. Enter only one email address please. Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GMK COUNSULTING LLC, FORM 1065 Certificate of Status 1 Certificate Of Status				
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COVER LETTER

TO: Registration Section Division of Corporations

GMK CONSULTING LLC

SUBJECT:

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:

GENE KOLMAN

Name of Person

Firm/Company

17412 ROSELLA RD

Address

BOCA RATON, FL 33496

City/State and Zip Code

GEJMK@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call;

GENE KOLMAN 224 522-0161 at (______) Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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

(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 or	1 06/25/2021	_ and assigned
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Florida document number L21000295354

This amendment is submitted to amend the following:

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

GMK CONSULTING LLC

The new name must be distinguishable and contain the words "Limited Liab	eility Company," the designation "LLC" or the appreviation [L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	A N H
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Enter new mailing address, if applicable:	TLOIT ID.
Enter new maning address, it applicable;	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	·

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 ado	dress
		,,,,,	Florida

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.

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

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