

# L21000432824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

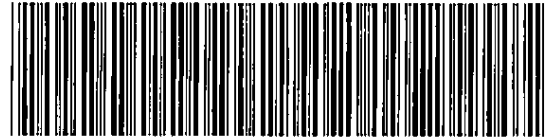
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 FEB 17 AM 11:39

FILED

A. RIVERS

APR 19 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gaud Professional & Consulting 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:

Victor Manuel Gaud-Cabrera

Name of Person

Gaud Professional & Consulting Services, LLC

Firm/Company

253 Lake Monterey Cir

Address

Boynton Beach, FL 33426

City/State and Zip Code

gaudservices@gmail.com

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

For further information concerning this matter, please call:

Victor Gaud

954

242-7187

at ( )

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

100

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

This amendment is submitted to amend the following:

Gaud & Company, LLC

**Enter new principal offices address, if applicable:**

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**(Mailing address MAY BE A POST OFFICE BOX)**

SECRET  
FEB 20 2023

FILED  
2023 FEB 17 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\_\_\_\_\_

\_\_\_\_\_, Florida \_\_\_\_\_  
*City* *Zip Code*

*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>	<u>Address</u>	<u>Type of Action</u>
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change
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## Professional &amp; Consulting Services

(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)

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 February 13 2023

Charles M. Lee

Signature of a member or authorized representative of a member

Victor M. Gaud-Cabrera

Typed or printed name of signee

**Filing Fee: \$25.00**