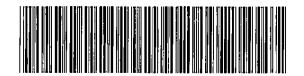
## L21000432824

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A. RIVERS APR 1 9 2023

## **COVER LETTER**

Division of Co			
Gaud Profe	essional & Consulting Services,	I.I.C	
SUBJECT:	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
	ondence concerning this matter (		
	Victor Manuel Gaud-Cabre	era	
		Name of Person	<del></del>
	Gaud Professional & Cons	ulting Services, LLC	
		Firm/Company	
	253 Lake Monterey Cir		
		Name of Person  Firm/Company  Frey Cir  Address  FL 33426  City/State and Zip Code mail.com  If address: (to be used for future annual report notification)  Fr. please call:  at (  Area Code Area Code Daytime Telephone Number  Fee & S55.00 Filing Fee & S60.00 Filing Fee.  f Status Certificate of Status & Certificate of Status &	
	Boynton Beach, FL 33426		
		City/State and Zip Code	
	gaudservices@gmail.com		20.00
For further information	E-mail address: ( concerning this matter, please co		micanon)
Victor Gaud		954 242-7187	
Name	of Person	Area Code Dayti	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		
Mailing Addre		Street Address: Registration S	ection
Registration Division of 0	Section Corporations	Division of Co	orporations
P.O. Box 63	27	The Centre of	
Tallahassee	FI 32314	2415 N. Monr	roe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gaud Professional & Consulting 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 October 04, 2021 and assigned Florida document number \_\_L21000432824 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Gaud & Company, LLC The new name must 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) B. If amending the registered agent and/or registered office address on our records, enter the name agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , 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.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed from our records:		
MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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<u>ote:</u> If the date inserted in this blo	ock does not meet the	e applicable statuto	ing or more than 90 c ry-filing requireme	lays after filing.) Pursua ents, this date will no	nt to 605,020 t-be listed a
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	Signature of a member	or authorized represe	entative of a member	•	

Filing Fee: \$25.00