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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

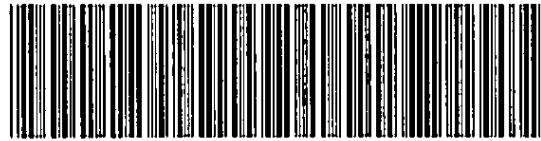
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CORPORATE  
FILING  
UNIT

2022 JAN 31 PM 1:05

FILED

561-574-8027

Gauthiermanagement@yahoo.com

931 Village Blvd Ste 905- 438

# GAUTHIER EVENTS LLC

MANAGER: MOSELANDE GAUTHIER

**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORRECTIONS**

01/26/2022

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

**DEAR: FLORIDA DEPARTMENT OF STATE DIVISION OF  
CORRECTIONS**

My name is Moselande Gauthier, Owner of Gauthier events LLC. I am filling this amendment to change the name of my business. I would like to change the name of the business to Gauthier Management LLC. I typed up a letter just to ensure that all the information is legible.

Enclosed is the application and a certified check in the amount of \$25.00

Please send all correspondence mail to me at the following address.

931 Village Blvd Ste 905 -438

Thank you for your time and have a great day.

Sincerely,

Moselande Gauthier

RECEIVED  
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CORRECTIONS DIVISION  
TALLAHASSEE, FL 32314

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GAUTHIER EVENTS 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:

MIOSELANDE GAUTHIER  
Name of Person

GAUTHIER EVENTS LLC  
Firm/Company

931 VILLAGE BLVD STE 905-438  
Address

WEST PALM BEACH, FL, 33409  
City/State and Zip Code

GAUTHIER MANAGEMENT@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIOSELANDE GAUTHIER at (501) 574-8027  
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**

GAUTHIER EVENTS LLC

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

2022 JAN 31 PM 1:05  
FILED  
SECRETARY OF STATE  
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on December 28, 2021 and assigned  
Florida document number L22000006091.

This amendment is submitted to amend the following:

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

GAUTHIER MANAGEMENT LLC

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)

**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 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*

Florida

*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.*

**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**

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
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(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 \_\_\_\_\_, \_\_\_\_\_.

May

Signature of a member or authorized representative of a member

MOSELANDE GAUTHIER

Typed or printed name of signee