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COVER LETTER

	tration Se ion of Cor	poration _s		
SUBJECT:	GAUTH	HIER MANAGEMENT LLC		
			nited Liability Company	
The enclosed A	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return al	ll correspo	ondence concerning this matter	to the following:	
		MOSELANDE GAU		
			Name of Person	
		GAUTHIER MANAGE	MENT LLC	
			Firm/Company	
		931 VILLAGE BLVD S	STE 905-438	
		001712210200	Address	
		WEST PALM BEAC	H, FL, 33409	6
			City/State and Zip Code	
		GAUTHEIRMANGEN	MENT@YAHOO.COM to be used for future annual report not	· · · · · · · · · · · · · · · · · · ·
For further info	ormation c	E-mail address: (oncerning this matter, please c		dication)
		-		
MOSELANDE GAUTHIER Name of Person		at (<u>800</u>) <u>438-6</u> Area Code Daytin	6603 ne Telephone Number	
	rvanie o		, ned Evel Traying	e respinse rume.
Enclosed is a c	heck for th	he following amount:		
□ \$25.00 Fili	ing Fee	S30.00 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)
	ng Addres		Street Address:	ation
Registration Section Division of Corporations			Registration So Division of Co	
P.O. Box 6327			The Centre of	l'allahassee
Talla	hassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GAUTHIER MANAGEMENT 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 12/28/2021 and assigned Florida document number <u>L22000006091</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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 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>	Address	Type of Action
MGR	MOSELANDE GAUTHIER		□Add
			ZRemove
		931 VILLAGE BLVD STE 905-438 WEST PALM BEACH, FL 33409	⊠Change
			🗆 Add
			□Remove
			□Change
		 	□Add
			Remove
		<u>:</u>	- □Change
		<u>.</u>	□Add □
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