K22 000422558

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(Address)
(Address)
(City/State/Zip/Phone #)
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10/27/22 -- 01006 -- 005 -- 442

2023 FEB -3 AM 7: 15

A. BUILL .

FEB 7 2023

COVER LETTER

TO:

	Registration Se Division of Cor					
SUBJEC		& PISANO ASSOCIATES LI	.c			
SUBJEC	1:	Name of Limited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	turn all correspo	indence concerning this matter	to the following:			
		MELAINEY GUNNING				
			Name of Person			
		GUNNING CONSULTING	G LLC			
			Firm/Company			
		6880 SE TWIN OAKS CII	RCLE			
			Address			
		STUART FL 34997				
			City/State and Zip Code			
		MELAINEY@GMAIL.CO				
		E-mail address: (to be used for future annual report	notification)		
For furth	er information o	concerning this matter, please c	all:			
MELOD	Y PISANO		561 308-6011	ľ		
	Name o	f Person		nime Telephone Number		
Enclosed	is a check for the	he following amount:				
∮ s 25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is miclosed)		
	Mailing Addre		<u>Street Address</u> Registration			
Division of Corporations			Division of 0	Corporations		
	P.O. Box 632			of Tallahassee		
	Tallahassee,	FL 32314	2415 N. Mo	nroe 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.)

, Oi

GUNNING & PISANO ASSOCIATES LLC

2023 FEB -3 AM 7: 15

	(A Florida Limited i	,	TELL S. E. Hir
The Articles of Organization for this Limited Li	ability Company	were filed on 09/29:	2022 and assi
Florida document number 1.22000422558	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here	
GUNNING CONSULTING LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.1
Enter new principal offices address, if application	able:	6880 SE TWIN OA	KS CIRCLE
(Principal office address MUST BE A STREE		STUART FL 3499	7
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our reco	ords, <u>enter the name of the new</u>
Name of New Registered Agent:	MELAINEY (JUNNING	
New Registered Office Address:	6880 SE TWIN	NOAKS CIRCLE	
		Enter Florida	street uddress
	STUART		, Florida ³⁴⁹⁹⁷
		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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this docubeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabili company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agen

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of
MGR	MELODY PISANO	914 SE WESTMINSTER PLACE	
		STUART FL 34997	≣Ren
			□Adc
			□Ren
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing: [ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be sent's effective date on the Department of State's records.
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day
cord is fi	led.
Dated	OCTOBER 17.
	Signature of a member or authorized representative of a member
	MELAINEY GUNNING
	Typed or printed name of signee

Filing Fee: \$25.00



January 23, 2023

MELAINEY GUNNING 6880 SE TWIN OAKS CIRCLE STUART, FL 34997

SUBJECT: GUNNING & PISANO ASSOCIATES LLC

Ref. Number: L22000422558

We have received your document for GUNNING & PISANO ASSOCIATES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

FEB - 3 20%

Letter Number: 123A00001634