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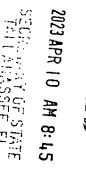




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9. [6.22-606E-30] ****(6)

5/26/23 Vln



COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

lota Delta :	Mu Consulting, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gordon D Mullan		
		Name of Person	
		Firm/Company	
	1661 Park Meadows Drive	·	
		Address	
	Fort Myers, FL 33907		
	gdmullan@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Gordon D Mullan		409 795-0876	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Sec	tion
Division of C	Corporations	Division of Corp	porations
P.O. Box 632	. /	The Centre of Ta	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Iota Delta Mu Consulting, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on March 23, 2023	and assigned
Florida document number L23000148548		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Gamma Delta Mu Consulting, LLC		
The new name must be distinguishable and contain the words "Limited	Haiability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	SS)	202
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		2 2 <u>2</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Mini &
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		<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	u
	City	Zıp 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 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
			□Add
			□Remove
			Change
			□Add
			□Remove
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Note:	tive date, if other than the date of filing:
e recoi rd is fi	rd 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 led.
	April 05 2023
Dated	
Dated	Ad I all
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00