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DATE: 08/18/2023

NAME: GOIL Consulting LLC

TYPE OF FILING: AMENDMENT

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RUHA

	Registration Se Division of Con					
emp er c		SULTING LLC				
SUBJEC	.l:	Name of Lin	nited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		REBEKAH DICKINSON				
	Name of Person					
		GOK CONSULTING LLC	c			
Firm/Company						
4581 WESTON ROAD #160						
Address						
	WESTON, FL 33331					
			City/State and Zip Code			
		Rebekah@taocenter.net	to be used for future annual report n	otification)		
For furth	er information c	oncerning this matter, please c	•	onication,		
REBEKAH DICKINSON		404 217-4331 at (
	Name o	f Person		time Telephone Number		
Enclosed	is a check for th	he following amount:				
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration S				
Division of Corporations			Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
	Tallahassee, l	r L 32314	2415 N. Mon	toe street, suite 810		

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

nis amendment is submitted to amend the following: 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." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	GOK CONSULTING LLC	
orida document number L23000341153 his amendment is submitted to amend the following: 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 "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Auiling address MAY BE A POST OFFICE BOX)	(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
It amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: It new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Company	The Articles of Organization for this Limited Liability Company were filed on $\frac{07}{100}$	7/19/2023 and assigned
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 "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable: Auiling address MAY BE A POST OFFICE BOX)	lorida document number L23000341153	
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Aailing address MAY BE A POST OFFICE BOX)		•
)	Inter new mailing address, if applicable:	7
	Mailing address MAY BE A POST OFFICE BOX)	
	gent and/or the new registered office address here:	
. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new reg</u> <u>eent and/or the new registered office address here</u> :		
	Name of New Registered Agent:	
gent and/or the new registered office address here:	<u> </u>	
	New Registered Office Address:	
Name of New Registered Agent:	Enter Flo	rida 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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 45523681-2922-4F32-95C9-040C77361BDC in amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person—being addec or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MARC LABOWITZ	4581 WESTON RD #160	≣ Add
		WESTON, FL 33331	□Remove
			□Change
MGR	REBEKAH DICKINSON	4581 WESTON RD #160	□Add
		WESTON, FL 33331	■ Remove
			□ Change
			□Remove
			(☐ Change
			□Add
			□Remove
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