# LZ3000382301

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
53				

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05/10/24--010 5--000 \*\*25.00



Mr Cullar gave permission to chause the name of the LLC to Gruardian Notary Consulting, & Losistic LLC A. RAMSEY

SEP 30. 2024



# FLORIDA DEPARTMENT OF STATE Division of Corporations

September 16, 2024

MICHAEL CULAR 7901 4TH ST STE N STE 300 ST PETERBURG, FL 33702

SUBJECT: CONSULTING AND LOGISTICS FL LLC Ref. Number: L23000382301

We have received your document for CONSULTING AND LOGISTICS FL 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):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

SHANTELL BROWN Regulatory Specialist II

Letter Number: 224A00020754

### TO: Registration Section Division of Corporations

CONSULTING AND LOGISTICS FL LLC

SUBJECT:

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:

MICHAEL CULLAR

Name of Person

CONSULTING AND LOGISTICS FL LLC

Firm/Company

7901 4TH ST N STE 300

Address

ST PETERSBURG, FL 33702

City/State and Zip Code

GUARDIANNCLL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

386

For further information concerning this matter, please call:

MICHAEL CULLAR

\_\_\_\_

at (\_\_\_\_\_) \_\_\_\_ Area Code

215-9527

Enclosed is a check for the following amount:

Name of Person

§ \$25.00 Filing Fee

Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Davtime Telephone Number

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	2024 SEP 30 AM 10: 58	
CONSULTING AND LOGISTICS FL LLC ( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records;); ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>1.23000382301</u>	vere filed on and assigned	
<ul> <li>This amendment is submitted to amend the following:</li> <li>A. If amending name, <u>enter the new name of the limited liabil</u></li> <li>GUARDIAN NOTARY CONSULTING, &amp; LOGISTICS' LLC</li> </ul>		
The new name must be distinguishable and contain the words "Limited Liabili		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX</u> )		

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	MICHAEL CULLAR		
New Registered Office Address:	7901 4TH ST N. STE 300		
	Enter Florida street address		
	ST PETERSBURG	, Florida <sup>30072</sup>	
	Cay	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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<b>Type of Action</b>
MGR	MICHAEL CULLAR	7901 4TH ST N STE 300.	<b>a</b> Add
		ST PETERSBURG, FL 30072	□Remove
			□Change
MGR	THE GQ SHOP LLC	7901 4TH ST N STE 300	🗆 Add
		ST PETERSBURG, FL 30072	Remove
			Add
			🗆 Remove
			Change
<u> </u>			□Add
			🗆 Remove
			□ Change
			🗆 Add
			🗆 Remove
			Change
			🗆 Add
			🗆 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.