## L23000554 171

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## **COVER LETTER**

TO: Registration Division of C		-	
	GAL PROFESSIONALS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	James D'Loughy Esq		
		Name of Person	<del></del>
	Advisorlaw PLLC		2023 SEC
		Firm/Company	
	3910 RCA Boulevard, Sui	ite 1015	2023 DEC 27 MM 9: 4 SECRETARY OF STA
		Address	
	Palm Beach Gardens, FL	33410	所で、9. でと、も
	james@advisorlaw.com	City/State and Zip Code	(m)
	E-mail address: (	to be used for future annual report not	fication)
For further information	a concerning this matter, please c	all:	
James D'Loughy		561 622-7788	
Nam	e of Person		e Telephone Number
Enclosed is a check for	r the 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)
<u>Mailing Add</u> Registratio		<u>Street Address:</u> Registration Se	ection
Division of	Corporations	Division of Co	rporations
P.O. Box 6		The Centre of	
rananassed	e. FL 32314	Z415 (N. IMONIC	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOUDGAL PROFESSIONALS LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our record mited Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability Com- Florida document number $\frac{L23000554171}{L23000554171}$ .	pany were filed on 12/18/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I 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:		973
Principal office address MUST BE A STREET ADDRES	<u></u>	ARE 27
Enter new mailing address, if applicable:		7. A 13
Mailing address MAY BE A POST OFFICE BOX)		三二二二
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street addres	ov.
	, Fl	orida 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

<sup>1</sup> 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>	<u>Address</u>	Type of Action
MGMR	RAO, RAJATAH	180 NE 29TH STREET APT. 722	
		MIAMI, FL 33137	■Remove
			EChange
MGMR	RAO, RAJATH	180 NE 29TH STREET APT. 722	<b>≣</b> Add
		MIAMI, FL 33137	SEGRE 21 Change
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	be specific and canno ck does not meet th	t be prior to date o re applicable sta	f filing or more than 90		
record specifies a delayed effective Lis filed.	date, but not an eff	fective time, at 1	2:01 a.m. on the earli	ier of: (b) The S	Oth day after the
ated December 20	202	23			
1 7	7 9				

Typed or printed name of signee