124000060824

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(City/State/Zip/Phone #)			
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	sion of Corp					
	GREG ALE	XANDER CONSULTING, L	LC			
SUBJECT:		Name of Limi	ted Liability Company			
The analogue	Articles of	Amendment and fee(s) are sub	mitted for filing			
		ndence concerning this matter				
r lease return	an correspon	idence concerning and matter	o the following:			
		KEVIN P. KASSEBAUM				
			Name of Person			
		KEVIN P. KASSEBAUM,	C.P.A., P.A.			
			Firm/Company			
		7900 GLADES ROAD, SU	JITE 445			
			Address			
		BOCA RATON, FL 33434	ı		2024	
		kevin@kassebaumcpa.com	City/State and Zip Code		2024 FEB 12 SEALL AND	
			to be used for future annual report notifi-	cation)	2	, ,
For further in	formation co	oncerning this matter, please ca	all:		AM 8	Ü
KEVIN P. K	ASSEBAUN	М	561 347-9300 at ()		AM 8: 34	
-	Name of	f Person		Telephone Number	—— (r)	
Enclosed is a	check for th	ne following amount:				
国 \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
	iling Addres gistration S		Street Address: Registration Sec	tion		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREG ALEXANDER CONSULT		
(Name of the Limi	ted Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited I Florida document number 1.24000060824		and assigned
This amendment is submitted to amend the fol		
A. If amending name, <u>enter the new name (</u>	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC	I" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE		
·		
	registered office address on our records, enter	r the name of the new regist
agent and/or the new registered office addre	ess here:	312
Name of New Registered Agent:	KEVIN P. KASSEBAUM	700 B
New Registered Office Address:	7900 GLADES ROAD, SUITE 445	FI 69
new regimered office radicess.	Enter Florida street addre	255 F. F.
	BOCA RATON F	lorida 33434
	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 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, 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
AMBR	GREGORY ALEXANDER	6046 VISTA LINDA LANE	
		BOCA RATON, FL 33433	□Remove
		CORRECTING SPELLING OF FIRST NAME	= Change
			□Add
			□Remove
			□ Change
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	02/09/2024	THE STATE OF
E. Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	be specific and cannot be prior to date of filing or k does not meet the applicable statutory fili	(optional) more than 90 days after filing.) Pursuant to 605.0207 (3)(h ing requirements, this date will not be listed as the
If the record specifies a delayed effective of ecord is filed.	late, but not an effective time, at 12:01 a.m	i. on the earlier of: (b) The 90th day after the
FEBRUARY 9 Dated	2024	
Van 1	21/a	
	ignature of a member or authorized representative	ve of a member
KEVIN P. KASSEBAUM	I, REGISTERED AGENT	
	Typed or printed name of signee	

Filing Fee: \$25.00