

L24 0000 71532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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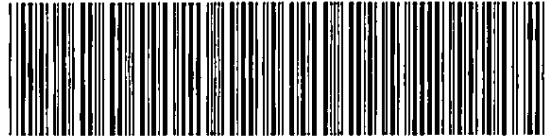
(Business Entity Name)

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02/16/24--01002--002 **25.00

2024 FEB 15 11:11:42

2/24/2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GOTLEN CONSULTING LLC

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:

Hayley Gotlen

Name of Person

Gotlen Consulting LLC

Firm/Company

709 N. Clara Ave.

Address

Deland, FL 32720

City/State and Zip Code

hayley@gotlenconsulting.com

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

For further information concerning this matter, please call:

Hayley Gotlen

386

882-2995

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

Mailing Address:

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

Street Address:

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

2024 FEB 15 13:11:42

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Mailing address MAY BE A POST OFFICE BOX)

Zip Code

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

~~02/08/2024~~ (HG)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 13, 2024

Signature _____

Signature of a member or authorized representative of a member

Hayley Gotlen

Typed or printed name of signee

Filing Fee: \$25.00