L2400071532

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

Office Use Only



100423414601

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



COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

GOTLEN CONSULTING 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: 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 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. **■** \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: **Registration Section** Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 FED 15 7:11:42

GOTLEN CONSULTING LLC

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

The Articles of Organization for this Limited Liability Company Florida document number 1.24000071532	y were filed on <u>02/08/2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	sility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u> .	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	s
		orida Zip Code
	City	гір (.оае

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 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
MGR	Hayley Gotlen	709 N Clara Ave	≣ Add
		Deland FL 32720	Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
		<u></u>	□Remove
			□Change
			□Add
			□Remove
			□Change

·		·		
				
				
			 -	
-				
				
	<u> </u>	<u> </u>		
		4- (HG)		
Effective date, if other than the fan effective date is listed, the date mus			(optional)	t to 605 0207 I
Note: If the date inserted in this blo	ock does not meet the appli	cable statutory filing rec	quirements, this date will not	be listed as t
document's effective date on the De	epartment of State's records	S .		
	and the second second	٠٠ ما ١٥٠٥١ - ما ما	lian of (b) The OOsh de	au a Aan tha
e record specifies a delayed effective rd is filed.	adate, but not an effective t	lime, at 12:01 a.m. on th	ie earlier of; (b) The 90th G	ay after the
February 13		·		
Dated				
Dated	,			
Dated	Signature of a mamber or out	varized perpendiation of a	member	
Dated	Signature of a member or auth	norized representative of a	member	

Filing Fee: \$25.00