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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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J. HORNE		
- .		
JUL 1 2 2024		

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COVER LETTER

TO: Registration Section

Division of Corporations			
	$C \sim C \sim$		
SUBJECT:	GAU GAU Name of Lim	ited Liability Company	
		, , ,	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	1		
	Vin	Name of Person	
		Name of Person	
		Firm/Company	
	1.900	?	
	<u> </u>	8 Beansywine Dr.	
	Bec.	City/State and Zip Code	<u>37</u>
		carone guant Com	
	E-mail address: (to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
VINCE	AT GAUSIO	at (561) 302- Area Code Daytime	Talanhana Number
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sect Division of Corp The Centre of Ta	orations
Tallahassee, F		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2026 1 12

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Gausio LLC	
ty Company as it now appears on our	r records.)
Thinned maonity Company)	
Company were filed on <u>MAY</u>	0, 2024 and assigned
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'	
ited liability company here:	
1.11/10	
nited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
mou thus may be simplify the companies	
RESS)	
<u> </u>	
d office address on our records	, enter the name of the new register
Enter Florida stree	et address
	, Florida Zip Code
	RESS)

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			□ Change

E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(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. 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		
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Signature of a member /	-	Van Tilala
,		Signature of a member or authorized representative of a member

Typed or printed name of signee