

L24000352083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

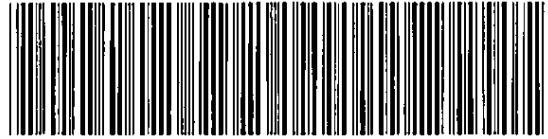
(Document Number)

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Signature

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2024 OCT 25 PM 1:22
FBI

11/2

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GWEN GALLARDE 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:

GWEN RENEE GALLARDE

Name of Person

GWEN GALLARDE CONSULTING, LLC

Firm/Company

315 Lakepointe Drive, Unit 102

Address

Altamonte Springs, Florida 32701

City/State and Zip Code

maricloachgwen@gmail.com

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

For further information concerning this matter, please call:

GWEN RENEE GALLARDE

Name of Person

at (570)

Area Code

867-2975

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GWEN GALLAGHER CONSULTING, LLC

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

08/25 PM 1:22

The Articles of Organization for this Limited Liability Company were filed on August 6, 2024 and assigned Florida document number L24000352083.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited 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:

(Principal office address MUST BE A STREET ADDRESS)

315 Lakepoint Drive, Unit 102
Altamonte Springs, Florida 32701

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

315 Lakepoint Drive, Unit 102
Altamonte Springs, Florida 32701

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Request to amend the registered agent's address on file
to: 315 Lakepointe Drive, Unit 102, Altamonte Springs,
Florida 32701

Note: All the addresses have to be the same:
principal office address, mailing address, registered
agent's address and the address of the person
authorized to manage. Thank you.

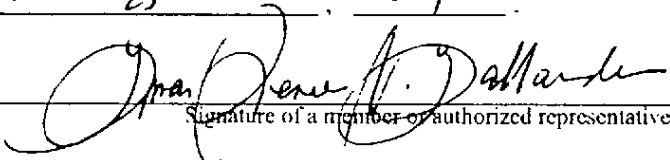
E. Effective date, if other than the date of filing: _____ (optional)

(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)(b)

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 record is filed.

Dated October 23, 2024



Signature of a member or authorized representative of a member

GWEN RENE N. GALLARDO

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2024

GWEN RENEE GALLARDE
315 LAKEPOINTE DRIVE
UNIT 102
ALTAMONTE SPRINGS, FL 32701

SUBJECT: GWEN GALLARDE CONSULTING LLC
Ref. Number: L24000352083

We have received your document for GWEN GALLARDE CONSULTING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 524A00022829

Rec. Oct. 25, 24