

L12000145837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

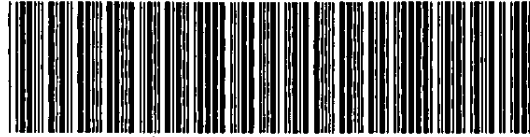
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

13 MAY - 2 PM 12:33

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gadacla, 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:

Nadia Carrera

Name of Person

Firm/Company

5132 NW 113 Place

Address

Doral FL, 33178

City/State and Zip Code

nadiacreator@gmail.com

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

For further information concerning this matter, please call:

Nadia Carrera

Name of Person

at (**305**) **7536437**

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Gadacla, 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 were filed on 11-19-2012 and assigned Florida document number L12000145837.

This amendment is submitted to amend the following:

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

Gadacla, LLC

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

Enter new principal offices address, if applicable:

5132 NW 113 Place

(Principal office address MUST BE A STREET ADDRESS)

Doral FL 33178

Enter new mailing address, if applicable:

5132 NW 113 Place

(Mailing address MAY BE A POST OFFICE BOX)

Doral FL 33178

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:

Nadia Carrera

New Registered Office Address:

5132 NW 113 Place

Enter Florida street address

Doral

City

Florida

33178

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 608, 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

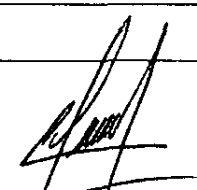
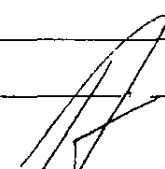
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Damian Rozenszein	5132 NW 113 Place	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Gabriel Rozenszein	Gallo 1518 PB#3 Buenos Aires, BA 1425 AR	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Claudio Rozenszein	Gallo 1518 PB #3 Buenos Aires, BA 1425 AR	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____



Signature of a member or authorized representative of a member

GABRIEL ALEXANDER ROZENSZTEIN

CLAUDIO ANDRES ROZENSZTEIN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00