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### **COVER LETTER**

TO: Amendment Section Division of Corporations	/1	
NAME OF CORPORATION: GALX	aya (ir)	<u> </u>
DOCUMENT NUMBER: P2100	0020762	<del></del>
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
1	7.	
D1115	hodright Z	
	Name of Contact Person	
81. Fla	110dr/9016 Z Name of Gontact Person 2Med 5 J-LC	
De tr	Firm/ Company	
70 Box 3	370699	
	Address	
Micion F.C	( 33/37 City/ State and Zip Code	
	City/ State and Zip Code	<del></del>
1415@80	Elements. Co	$\mathcal{M}$
·	ed for future annual report i	
For further information concerning this matter, please	e call:	
17;		
MUIS GOODIGUEZ	arc 705	986-7950
Mame of Contact Person	Area Cod	le & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Depar	rtment of State:
☐ \$35 Filing Fee (\$43.75 Filing Fee & ☐\$43.75	S Filino Fee & □\$52 50 F	iling Foe
Certificate of Status	Certified Copy	Certificate of Status
	(Additional copy is	Certified Copy
	enclosed)	(Additional Copy is enclosed)
		is enclosedy
Mailing Address	Street A	Address

Amendment Section Division of Corporations P.O. Box 6327

FL 32314

Amendment Section **Division of Corporations** 

The Centre of Tallahassee Tallahassee.

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### **Articles of Amendment**

Articles of Incorporation of

## FILED

2021 NOV 12 AH 8: 45

	f the corporation:	
		The new na
nust be distinguishable and contain the word "c or Co.," or the designation "Corp," "Inc," or " 'professional association," or the abbreviation	'Co". A professional corporation name i	
B. Enter new principal office address, if app	licable:	
Principal office address <u>MUST BE A STREE</u>	T ADDRESS )	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFIC</u>	<u></u>	
<ol> <li>If amending the registered agent and/or r new registered agent and/or the new regis</li> </ol>		er the name of the
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent		er the name of the
new registered agent and/or the new regis	stered office address:	er the name of the
new registered agent and/or the new regis		er the name of the
new registered agent and/or the new regis	(Florida street address)	, Florida
new registered agent and/or the new regis  Name of New Registered Agent	stered office address:	
new registered agent and/or the new regis	(Florida street address)  (City)  g Registered Agent:	. Florida
new registered agent and/or the new regis  Name of New Registered Agent  New Registered Office Address:  lew Registered Agent's Signature, if changing	(Florida street address)  (City)  g Registered Agent:	. Florida

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	P	_	Erika M De Clinkmal	540 Brichell Keylor 1524
Add				MIANI, FC 33/3/
Remove				····
2) K Change	<u>VP</u>	_	Mario E. Duintand Mendoza	-540 Brickell Kel Dr 1524
Add				Mumi, Fl 33131
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				***************************************
6) Change		_		
Add				<u></u>
Remove				

	ary). (Be specific)	e <u>(s) here</u> :		
		<del> </del>		
<del></del>	<del></del>			
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			•	
f an amendment provides for an provisions for implementing the	exchange, reclassifica	tion, or cancellation o	1 issued shares,	
(if not applicable, indicate N/2	A)	tamed in the amendi	ient usen.	
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The date of each amendment(s) adoption: <u>OCHOBER 27, ZOZI</u> , if other than the date this document was signed.
Effective date if applicable: OCTOBER 77, 707)  (no more than 90 days after amendment file date)
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.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by Amany Directors
(voting group)
Dated OGOber 77, 7021
Signature
(By a director, president of other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Mario F. Quintand
(Typed or printed name of person signing)
Puesident until Ochbu 22.7021

(Title of person signing)