L09000045482

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	- FARO-GÁLO	LLC							
SUBJECT	:								•
			Name of Lin	nited Liability (Company				
The enclose	ed Articles of Ar	mendment and	d fee(s) are sub	omitted for fil	ing.				
Please retur	rn all correspond	lence concern	ing this matter	to the follow	ing:				
		Ivette Cave							
				Name	of Person		······································		
		Century Titl	e & Escrow Co	ompany					
		 		Firm/6	lompany				
		13350 SW 1	28 Street, Suit		vinipany				
				Λd	dress				
		Miami, Flor	ida. 33186						
			_	City/State a	md Zip Code				
					osvaldo@s				
		I	E-mail address: (to be used for	future annual	report notifie	ation)		
For further	information con	cerning this n	natter, please c	all:					
Ivette Cave	•			.30	05 259	9-0259			
	Name of P	erson		at (Aı	ea Code	Daytime [*]	Felephor	ie Number	
To the could be		c. 11							
Enclosed is	a check for the	tollowing am	ount:						
□ \$25,00	Filing Fee	S30,00 Fii Certifica	ling Fee & ne of Status	Certif	Filing Fee of Ted Copy onal copy is enc			Certified C	of Status &

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

FARO-GALO, LLC

(Name of the Limited (A	Liability Compa Florida Limited	ny as it now app aability Compan	ears on our r y)	ecords.)		_	
The Articles of Organization for this Limited Liab Florida document number 1.09000045482	oility Company	were filed on	05/11/2009		and in and in an	aki gno	ed T
This amendment is submitted to amend the follow	ring:				Alimoni	Ğ∵ A	
A. If amending name, enter the new name of the	he limited liab	ility company	here:	-	m) Tion	PH -:	
The new name must be distinguishable and contain the word	ds "Limited Liabi	hty Company," th	e designation	"LLC" or the a	⇒ bbrogiation	-1 1 C.	
Enter new principal offices address, if applicab	ole:						
(Principal office address MUST BE A STREET	ADDRESS)						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered and/or the new registered office address by Name of New Registered Agent:	istered office :	address on ou	r records, <u>e</u>	nter the nar	ne of the	new re	gistered
New Registered Office Address:						_	
		Enter l	lorida street a	ddress			
	-	City		_, Florida	Zip Co	ck.	
New Registered Agent's Signature, if changing Reg	<u>gistered Agent:</u>						
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete rred agent as p gistered office	performance provided for i	of my dutie n Chapter (s, and Lam 505, F.S. Or	familiar if this d	with ai ocumei	ıd

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>	<u>Address</u>	Type of Action
MGRM	Beatriz L. Sabatini		
		2333 Brickell Ave Apt 2717, Miami, Florida 33129	🗆 Add
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Effective date, if other than (If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the second seco	e must be specifi us block does t	e and cannot be p not meet the app	licable statutor			ng.) Pursua		
he record specifies a delayed eff ord is filed.	ective date, bu	t not an effectiv	e time, at 12:01	a.m. on the earli	er of: (b)	The 90th o	lay after t	the
November 28		2022						
		— · — <u>v</u>						
Dated		Olo	Dui					
		of a member or a		ntative of a membe	r			

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