

211000092466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FALL ARRESTION
17 DEC 11 AM 9:29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GALLO5621. LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JAMES CONNOLLY
(Contact Person)

(Firm/Company)

5059 ECLIPSE CT.
(Address)

NAPLES, FL 34104.
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES E CONNOLLY at (617) 320-0318
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

GALLO 5621, 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 8-10-2011 and assigned
Florida document number L11000092466

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

JAMES E CONNOLLY

New Registered Office Address:

5059 ECLIPSE CT

Enter Florida street address

NAPLES

City

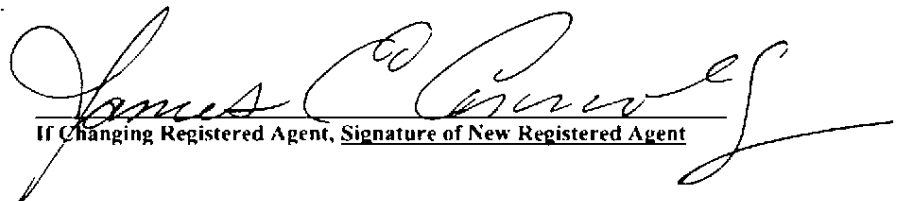
Florida

34104

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

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>	<u>Type of Action</u>
MGR	DEBRA L. GALLO	5059 ECLIPSE CT	<input type="checkbox"/> Add
		NAPLES, FL 34104	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAMES E. CONNOLLY	5059 ECLIPSE CT	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34104	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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17 DEC 10 AM 9:26

17 DEC 16 AM 9:26

SECRET
FALL 1950

(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)

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 DEC 4 2017

Mike L Gallo.

Signature of a member or authorized representative of a member

DEBRA L. GALLO

Typed or printed name of signee