

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : L & R INTERNATIONAL FIRM INC
Account Number : I20200000026
Phone : (786)413-4344
Fax Number : (305)222-9004

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STAR INTERNATIONAL INSURANCE AGENCY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

JUN 11 2022

W. SOLOMON

2022 JUN 13 PM 12:07

2022 JUN 13 AM 8:55
FILED
CLERK OF COURT
JULIA A. JONES

COVER LETTER

H22000194224 3

TO: Registration Section
Division of Corporations

SUBJECT: STAR INTERNATIONAL INSURANCE AGENCY 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:

OSCAR LOPEZ

Name of Person

Firm/Company

5410 WEST FLAGLER STREET STE 204

Address

MIAMI, FL 33144

City/State and Zip Code

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

For further information concerning this matter, please call:

OSCAR LOPEZ

at (786)

413 - 4344

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2022 JUN 13 AM 8:55
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

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

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STAR INTERNATIONAL INSURANCE AGENCY 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 09/01/2012 and assigned
Florida document number L12000112743.

This amendment is submitted to amend the following:

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

GALA INTERNATIONAL INSURANCE AGENCY LLC

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)

8410 WEST FLAGLER STREET STE 204

MIAMI, FL 33144

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8410 WEST FLAGLER STREET STE 204

MIAMI, FL 33144

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

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 CLERK OF CIRCUIT COURT
 IN AND FOR THE COUNTY OF MIAMI
 FLORIDA

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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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: 06/01/2022 (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 JUNE 03

2022

Signature of a member or authorized representative of a member

OSCAR LOPEZ

Typed or printed name of signee

Filing Fee: \$25.00

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