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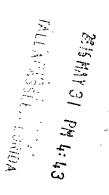
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<i>⇒#</i>)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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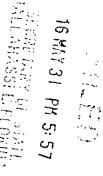
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GALA Entertain	ment LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L</u> 14000/56245.	were filed on $10/7/2014$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Port St Lucie, FL.	1 Hwy
(Principal office address MUST BE A STREET ADDRESS)	Port St Lucie, FL.	3495 <u>1</u>
Enter new mailing address, if applicable:	10806 SE Federa	1 Hwy
(Mailing address MAY BE A POST OFFICE BOX)	10806 SE Federa Port St Lucie, FL. 3	4952
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	er the name of the new
• • • • • • • • • • • • • • • • • • • •		
New Registered Office Address:	Enter Florida street address	The contract of
Section of the State of the Sta	, Florida	Zip Gode
	•	

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

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: GALA	Entertain of Name of Limit	ment LLC ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Keith	R DecKer Name of Person	
	<u>Gala</u> E	ntertainment L	LC
	1936 SW	Jamesport Dr Address	
	Port St L	City/State and Zip Code Can ment & Hot mail o be used for future annual report notific	73
-	E-mail address: (to	ain ment & Hot mail to be used for future annual report notific	. Com
For further information conc			
Keith Decke Name of Pe	2.r-	at (772) 204 - Area Code Daytime	6090 Telephone Number
Enclosed is a check for the f	ollowing 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

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>	Address	Type of Action
MGR	Luis E Perez	1936 SW Jamesport Dr	
		Port St Lucie, FL. 34953	Remove
			Change
			□ Add
			□ Remove
			Change
			🗖 Add
			Remove
			Change
			□ Add
			☐ Remove
	,		Change
			□ Add
			Remove
			Change
			□ Add
			Remove
			☐ Change

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Page 3 of 3

Filing Fee: \$25.00