

L18000002170

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 : V & A BUSINESS SOLUTION INC
Account Number : I20160000021
Phone : (954)865-6607
Fax Number : (954)933-2634

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

Email Address: _____

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2022 SEP -1 AM 8:50
DIVISION OF STATE
CORPORATIONS

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GALINDO & SON'S INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 SEP -1 PM 2:09

SEP -2 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GALINDO & SON'S INVESTMENTS 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:

INDALECIO GALINDO MUNOZ

Name of Person

AMBR

Firm/Company

1500 WESTON RD SUITE 200-20

Address

WESTON FL 33326

City/State and Zip Code

indalecio.galindo@colombiaingenieria.com

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

For further information concerning this matter, please call:

INDALECIO GALINDO MUNOZ

310

862-3311

at (_____) _____

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

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DIVISION OF CORPORATIONS
SEP 01 2002

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FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GALINDO & SON'S INVESTMENTS 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 01/03/2018 and assigned
Florida document number: L18000002170.

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 "L.L.C."

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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>
AMBR	Angela R Castañeda Navarrete	1500 WESTON RD SUITE 200-20	<input type="checkbox"/> Add
		WESTON FL 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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CLASSIFIED

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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.

Indalene Galindo M.
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00