

L 18 000 270 271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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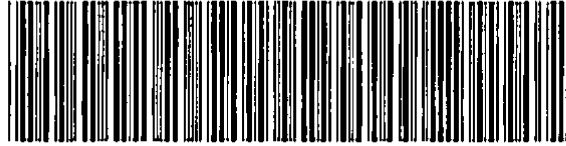
(Business Entity Name)

(Document Number)

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12/18/18--01015--015 ♦♦25.00

2019 DEC 18 PM 1:58

11:10

Registration Section  
Division of Corporations

EFFECT: Gala Reception Hall LLC  
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Return all correspondence concerning this matter to the following:

Natasha DeVries  
Name of Person

Firm/Company

1490 S. Military Trail Suite # 13-E  
Address

West Palm Beach, Florida 33415  
City/State and Zip Code

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

For further information concerning this matter, please call:

Natasha DeVries at ( 561 ) 758-2104  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$5.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

10  
ARTICLES OF ORGANIZATION  
OF

Gala Reception Hall LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2019 DEC 18 PM 1:58

Articles of Organization for this Limited Liability Company were filed on 11/20/2018 and assigned  
document number L18000270271

Amendment is submitted to amend the following:

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

new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

amending the registered agent and/or registered office address on our records, enter the name of the new registered  
and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Aston Tenn  
1490 S. Military Trail Suite # 13-E  
Enter Florida street address  
West Palm Beach Florida 33415  
City Zip Code

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  
understand 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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

M = Manager  
MR = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
R	<u>James DeVries</u>	<u>1490 S. Military Trail Suite #13-E</u> <u>West Palm Beach, Florida 33415</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
R	<u>Natasha DeVries</u>	<u>1490 S. Military Trail</u> <u>Suite #13-E</u> <u>West Palm Beach, FL 33415</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please, change Natasha DeVries from  
Registered Agent to Manager.

Effective date, if other than the date of filing: \_\_\_\_\_ (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)

te: 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.

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 document is filed.

ed December 17, 2019.

Natasha DeVries

Signature of a member or authorized representative of a member

Natasha DeVries

Typed or printed name of signee