## L19000030394

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	<del>= #)</del>
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	]
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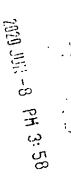




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## **COVER LETTER**

	gistration Se ision of Cor			
SUBJECT:	Gala Conci	erge Services LLC		
SUBJECT.		Name of Lin	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Gabriela Goncalves		
			Name of Person	
			Firm/Company	
		5561 NW 49th way		
		-	Address	
		Coconut Creek, FL, 33073	•	
			City/State and Zip Code	
		gabriela.tesine@gmail.com		
For further in	iformation c	E-mail address: ( oncerning this matter, please c	to be used for future annual report no all:	tification)
Gabriela Go	ncalves		754 465-1712 at ()	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>■</b> \$25.00 F	iling Fee	S30.00 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)
	iling Addres		Street Address: Registration Sc	ection
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.C	). Box 632	7	The Centre of	Tallahassee
Tal	lahassee, F	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gala Concierge Services LLC		
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number  L19000030394	Company were filed on January 29th, 2019	and assigned
This amendment is submitted to amend the following:		and assigned  C.C" or the abbreviation (L.C.")  Replacement to the new registered and assigned (C.C.")
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	<u> </u>
		8
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(Matting that BEA FOST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ame of the new registere
Name of New Registered Agent:		· · · ·
New Registered Office Address:		
Negroted Office / Nations.	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

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
AMBR	AMBR Cleusa Maria Tesine Goncalves	5561 NW 49th way	□Add
		Coconut Creek, FL, 33073	■Remove
			□Change
MGR Gabriela Tesine Goncalves	5561 NW 49th way	□Add	
		Coconut Creek, FL. 33073	□Remove
			□Add
			□Remove
			□Add
			Remove
			□Change
<del></del>			□ Add
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			Change
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			□Remove
			□Change

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ffect	ive date, if other than the date of filing:
an eff	ive date, if other than the date of filing:
	ent's effective date on the Department of State's records.
	d 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
is fil	ed.
1	March 15th 2020
ated	
	ATTIMINAN OUX
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00