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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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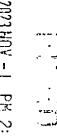
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COVER LETTER

| TO: Registration Section Division of Corpor | | • |
|---|--|---------------------------|
| SUBJECT: GA | LEDO LLC | . |
| | Name of Limited Liability Company | |
| The analoged Amieles of Am | | |
| The enclosed Afficies of Ami | endment and fee(s) are submitted for filing. | |
| Please return all corresponde | nce concerning this matter to the following: | |
| - | Donoso Salcedo G | Cloriza |
| | Galedo LL Firm/Company | 'C |
| | Firm/Company | |
| _ | 1446 Brockrid | ge RD g g |
| | Address | ge RD SECRET |
| _ | 1776 Brockride Address Kindred, FL. 3 City/State and Zip Code | 34744 |
| | City/State and Zip Code | Il report notification) |
| _ | E-mail address: (to be used for future annua | ll report notification) |
| For further information conce | rning this matter, please call: | 22 |
| Donoso Sa | on Gloriza at (407) Area Code | 535-8668 |
| Name of Per | on Area Code | Daytime Telephone Number |
| Enclosed is a check for the fo | lowing amount: | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & S55.00 Filing Fee Certificate of Status Certified Copy (additional copy is en | Certificate of Status & |
| Mailing Address: Registration Secti | Street A on Registr | ddress: ration Section |
| · · · · · · · · · · · · · · · · · · · | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GALEDO | LLC |
|--|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company | were filed on 04/08/2019 and assigned |
| Florida document number <u> </u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| The new name must be distinguishable and contain the words "Limited Liabil | lity 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) | 202 |
| | A THE STATE OF THE |
| | |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | <u> </u> |
| | |
| | 74, 12 |
| B. If amending the registered agent and/or registered office a | address on our records, <u>enter the name of the new registered</u> |
| 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: | |
| hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is |
| | |

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

Type of Action Address <u>Title</u> Name AHBR Jose V Galeano Jopez 1476 Brockridge RD Add

Kindred FL. 34744

Remove ☐ Change _____ □Change N Remove □Change □Add Remove Change

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| | er than the date of fi l, the date must be specific | | to date of filing or mo | (optio re than 90 days after f | |
| ote: If the date insert | ted in this block does nate on the Department | not meet the applica | | | |
| | • | | | | |
| | yed effective date, but | not an effective tii | ne, at 12:01 a.m. o | n the earlier of: (b) | The 90th day after t |
| is filed. | | | | | |
| ated October | r, 20 | 2023 | | | |
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| | | 6 10 lan. | ارد این | | |
| | Signature o | of a nicepeer of author | tized representative of | of a member | |

Filing Fee: \$25.00