

2/27/2020

Division of Corporations

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 : ALEX PINA CO.
Account Number : 120190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

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

Email Address: client@alexpina.coLLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WGSXUS LLC

Certificate of Status	0
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Page Count	04
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*Amend/
name change*

Electronic Filing Menu

Corporate Filing Menu

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FEB 28 2020

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WGSXUS 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 04/11/2019 and assigned
Florida document number L19000100389.

This amendment is submitted to amend the following:

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

Galzerano Machine Tolls LLC

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)

8570 NW 93rd St

Medley, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8570 NW 93rd St

Medley, FL 33166

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>
MGR	William Galzerano	9924 UNIVERSAL BLVD STE 224-111	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32837	<input type="checkbox"/> Change
MGR	Siella Maris Ferraz	9924 UNIVERSAL BLVD STE 224-111	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32837	<input type="checkbox"/> Change
MGR	Marcelo Cruanes Filho	8570 NW 93rd St	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Medley, FL 33166	<input type="checkbox"/> Change
MGR	Giovanni Galzerano	8570 NW 93rd St	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Medley, FL 33166	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



[illegible]

Signature of a member or authorized representative of a member

Giovanni Galzerano

Typed or printed name of signer

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