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COVER LETTER

то:		tion Section of Corpora			
C1 (D)		RTINS GAL			
SUDJ	ECT:		Name of Limi	ited Liability Company	· · ·
The e	nclosed Arti	cles of Ame	idment and fee(s) are sub	mitted for filing.	
Please	e return all co	orresponden	ce concerning this matter	to the following:	
		F	ABIANA DE BARROS		
		-		Name of Person	
LEGIT CONSULTING SERVICES LLC Firm/Company					
		_		Address	
		(PRLANDO, FL 32835		
		18	FO@LEGITCS.COM	City/State and Zip Code	
			E-mail address: (to be used for future annual report n	otification)
For fi	arther inform	nation concer	ming this matter, please ca	all:	
FABI	IANA DE B	ARROS		407 2852290 at ()	
		Name of Pers	on	Area Code Dayt	ime Telephone Number
Enclo	sed is a chec	ck for the fol	lowing amount:		
≡ \$.	25.00 Filing	Fec □	\$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

TO:

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARTINS GALLO LLC			
(Name of the Limi	ted Liability Com (A Florida Limited	pany as it now appears on our record I Liability Company)	15.)
The Articles of Organization for this Limited I		y were filed on 04/18/2019	and assigned
Florida document number L19000106521	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited lia	bility company here:	
N/A			
he new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STREI	T.ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and registered agent.	or registered		ية منتسب
Name of New Registered Agent:	N/A		8105
New Registered Office Address:		Enter Florida street addre	
		ismer r tortuu sirvei daara	50
		, FI	lorida
		~··,	-7

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	ORTMANN GALLO, RALPH	RUA CABIUNA 42 APT 12	_□ Add
		SAO PAULO, SP 04367-060 BR	Ndd
			■ Remove
			Change
		- <u> </u>	Remove
			☐ Change
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fective date, if other than the	date of filing:		(optional)	
ote: If the date inserted in this b	ock does not meet the ap	plicable statutory filir	note than 91) days after fring, ig requirements, this date	will not be listed as
ocument's effective date on the D	epartment of State's reco	rds.		
record specifies a delayed	f effective date, but	not an effective	time, at 12:01 a.m.	on the earlier o
The 90th day after the rec	ord is filed.	arr arrogare	serving one amount and the	on the currier o
AUGUST 12	2019			
				
Thats Martons (Aug 12, 2019)		uthorized representative		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00