

9/27/2019

Division of Corporations

L19000233867

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GALERIA DUQUE ARANGO LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GALERIADUQUEARANGOLLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ELIPANELL, ESQ., CPA, CFP(R), LL.M.

Name of Person

WERMUTH PANELLORTIZ, PLLC

Firm/Company

8750 NW 36TH ST, SUITE 425

Address

DORAL, FL 33178

City/State and Zip Code

eli@wpolaw.com

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

For further information concerning this matter, please call:

Eli Panell, Esq., CPA, CFP(r), LL.M.

305

513-8606

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

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(((H19000289412 3)))
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

GALERIADUQUEFARANGOLLC

(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 09/16/2019 and assigned
 Florida document number 119000233867.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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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	LUISGDUQUEPATINO	550W54THST,APT30E	<input type="checkbox"/> Add
		NewYork,NY10019	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MIGUELADUQUE	550W54THST,APT30E	<input type="checkbox"/> Add
		NewYork,NY10019	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	SANTIAGODUQUE	550W54THST,APT30E	<input type="checkbox"/> Add
		NewYork,NY10019	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2019 SEP 27 PM 12:22

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

2018 SEP 27 PM 12:26

Note: 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

(b) The 90th day after the record is filed.

Dated September 27, 2019

Signature of a member or authorized representative of a member

LUSGERMANDIQUEPATINO

Typed or printed name of signee