

L20000104937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

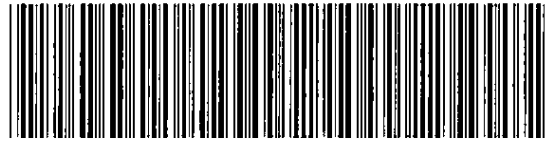
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAR 15 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FL

Amend

MAR 15 2024

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GABYNATI INVESTMENT MANAGEMENT, LLC
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:

Craig T. Galle

Name of Person

The Galle Law Group, P.A.

Firm/Company

13501 South Shore Blvd., Suite 103

Address

Wellington, Florida 33414

City/State and Zip Code

pololawyer@aol.com

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

For further information concerning this matter, please call:

Craig T. Galle

561

798-1708

at ()

Name of Person

Area Code

Daytime Telephone Number

SECRET
TALLAHASSEE
DIVISION OF STATE

2024 MAR 15 PM 3:51

FILED

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 Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GABYNATI INVESTMENT MANAGEMENT, 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 04/16/2020 and assigned
Florida document number L20000104937.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13501 South Shore Blvd., Suite 103

Wellington, Florida 33414

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13501 South Shore Blvd., Suite 103

Wellington, Florida 33414

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:

Craig T. Galle

New Registered Office Address:

13501 South Shore Blvd., Suite 103

Enter Florida street address

Wellington

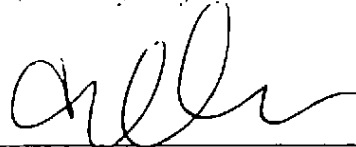
City

Florida 33414

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	Eliezer Hernandez	1447 Medical Park Blvd., Suite 101	<input type="checkbox"/> Add
		Wellington, Florida 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Craig T. Galle	13501 South Shore Blvd., Suite 103	<input checked="" type="checkbox"/> Add
		Wellington, Florida 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated February 28, 2024

2024

Craig T. Galle

Typed or printed name of signee