HPS 182 000057

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Daguera Musebar)
(Document Number)
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Special manucuous to rining Officer.

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2021 DEC -3 PM 4: 1-2 SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co				
Gala Inv L	LC			
SUBJECT:	Name of Limi	ited Liability Company		
	f Amendment and fee(s) are sub-			
Please return all corresp	ondence concerning this matter	to the following:		
	Marta Patino			
		Name of Person		
	Marta L Patino PA			
		Firm/Company		
	3300 NE 102 Street # 914,			
		Address		
	Aventur FL 33180			S
		City/State and Zip Code		强昌不
	jorge.selleng E-mail address: (to be used for future annual report notifi	cation)	
For further information	concerning this matter, please co			2024 DEC -3 PH 11: 42 SECRETARY OF STATE SECRETARY OF STATE
Marta Patino		786 4885240 at ()		E E E
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)	Section 5 \$60.00 Filin Certificate of Certified Contact (additional contact)	of Status & opy
<u>Mailing Addr</u> Registration		Street Address: Registration Sec	tion _	

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

Gala Inv LLC			
(Name of the Limited L (A F	iability Company as it now appears on our forida Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liabil	lity Company were filed on Septiembr	e 14, 2020 and assigned	
Florida document number L20000287244	_		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	IDDRESS)		
		SEC ST	
Enter new mailing address, if applicable:		A PROPERTY OF THE PROPERTY OF	
(Mailing address MAY BE A POST OFFICE BO.	<u>x</u>	22	
		P. T.	
		SET TO THE SET OF THE	
B. If amending the registered agent and/or regis agent and/or the new registered office address h	stered office address on our records ere:	, enter the name of the new registered	
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:

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

Title	<u>Name</u>	Address	Type of Action
MGR	MARTA PATINO	3300 NE 192 STREET # 914, AVENTURA FL 331	80 ■ Add
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			□ Add
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te: If the date inserted in this block does not meet the ap current's effective date on the Department of State's reco		uirements, this date will no	ot be listed
cord specifies a delayed effective date, but not an effecti	e time, at 12:01 a.m. on the	e earlier of: (b) The 90th	day after ti
is filed.			
, November 20 2024			
ted,	·		
1	}		
	•		
Signature of a member or	whorized representative of a r	member	