L20

000 330 030

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	☐ MAIL
(Business Entity Nam	e)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
J DEI	INIS
'JAN -	5 2023
NCIA	
Office Use Only	



500395477115

10/11/20--01017--028 *-25.00

SECRETARY OF STAILS,
SECRETARY

COVER LETTER

Division of Corporations	
SUBJECT: <u>Gala</u> W	Name of Limited Liability Company
The enclosed Articles of Amendment and	fee(s) are submitted for filing.
Please return all correspondence concernia	ng this matter to the following:
<u>J</u>	raina Galante
Ones	Botheby's International Keatt
313	East Palmet to Part Rd Suite
BOO GiGil	Reston FL 33432 Gity/State and Zip Code Falante(a) Valvoo com
I: For further information concerning this m	mail address: (to be used for future annual report notification) atter, please call:
Javaina Galo Name of Person	at 561 ST76606 Area Code Daytime Telephone Number
Enclosed is a check for the following amo	
\$25.00 Filing Fee S30.00 Filing Certificat	ng Fee & S55.00 Filing Fee & of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1

Galante Realty, 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 01/04/2021 and assigned
Florida document number <u>L 2 000 330030</u>
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 "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 313 East Palmetto
Boca Ratow FL 33432
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX) 313 LOST CALMETTO CONTROL
M 3011C 603 BUCARON
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: Javaina Galante
New Registered Office Address: 200 E. Dimetto Burk Hoad Enter Florida street address
BOCa Rate Florida 33432
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

MGR = Ma AMBR = Au	nager thorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
AMBR	Evaiva	Galante	313 E. Palmetto	Add
			Part Road Suite 605	□Remove
		۷		□Change
				□Add
				□Remove
				□Change
		<u> </u>		□ Add
				□Remove
				Change
				🗆 Add
			,	□Remove
				Change
				□Add
				□Remove
				□Change
				🗆 Add
				□Remove
				□Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

II ame	nding any other	information, en	er change(s) he	re: (Attach add	ilional sheels,	if necessary.)	
-							
_							
_							
_							
_	 .						.
		_			<u>-</u> -		
_							
_	-						
_							
_							
_					. <u>-</u>		<u>.</u>
_	- -						
_							
lf an effe <u>Note:</u>	ive date, if other ective date is listed, the If the date inserted ent's effective date	ie date must be specifi in this block does	ic and cannot be price not meet the appli	icable statutory fi	r more than 90 d ling requireme	_ (optional) ays after filing.) Pu nts, this date wil	ersuant to 605,0207 (3 I not be listed as th
e record rd is file	d specifies a delaye led.	d effective date, bu	it not an effective	time, at 12:01 a.r.	n. on the earlie	er of: (b) The 9	0th day after the
Dated _	atobe	v 5th	202	2/1 -	7		
		Signature	of a prember or aut	thorized representat	/ ive of a member		
			Typed or priu	Javal nted name of signed	na	Galar	ve





September 22, 2022

BK3148349

Janaina Galante 313 E Palmetto Park Rd Apt 605 Boca Raton, FL 33432

RE:

Florida Real Estate Commission

Application Number: 6835632, Profession 2501

Dear Janaina Galante:

The Department of Business and Professional Regulation has received your application for licensure as a Real Estate Broker or Sales. The application you have submitted is not complete and we will need the additional documentation listed below. Please wait until you have collected all the required documents before submission. Once we receive the additional documentation along with a copy of this letter, your application will be re-evaluated.

Application Deficiencies:

Due to lack of proper registration with the Florida Department of State, Division of Corporations, your application has been deferred. To use the PA/LLC designation in the real estate profession as an individual, you must register your legal first and last name with one of the following suffixes: PA, LLC, PL, or PLLC. Your middle name or initial is optional. Once you have updated the registration at www.sunbiz.org, resubmit your request. You may also contact them by phone at 850.245.6000. Nicknames, abbreviations, or any other name that is not your legal name is not acceptable nor should your name be registered as a fictitious name.

Once we have received this information, we will complete our review of your application. Please note that your application will remain in an <u>incomplete</u> status until such time you have submitted all the requested information for review.

Please do not reply to this email. This email is sent from an unmonitored email address.

To submit the requested documentation use one of the following options:

Responding to Deficiency Notification:

You may respond to your deficiency using the following methods:

Online Submission:

If you submitted your application online, visit www.MyFloridaLicense.com and log in to your DBPR online services account. Select Application Status Inquiry from the Functions Menu and then select the relevant application. Select attach and use the browse function to find responsive documents on your computer. A confirmation email will be sent once attachment(s) have been uploaded to your application.

