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COVER LETTER

	tration Section on of Corporations	
-	AELGICA L.L.C	
SUBJECT: _	Name of	Limited Liability Company
The enclosed A	Secreture all correspondence concerning this matter to the following: WILLIAM A MARTINEZ Name of Person WILLIAM A MARTINEZ Name of Person Address KISSIMMEE FL 34741 City/State and Zip Code gaclegical 23@gmail.com E-mail address: (to be used for future annual report notification) Further information concerning this matter, please call: A Martinez Name of Person A Tata Code Daytime Telephone Number S25.00 Filing Fee Certificate of Status Mailing Address: Registration Section Registration Section Registration Section Registration Section	
Please return al	Il correspondence concerning this ma	atter to the following:
	WILLIAM A MARTII	NEZ
		Name of Person
	willand	A Martiner
		Firm/Company
	2781 MONTICELLO	WAY
		Address
	KISSIMMEE FL 3474	н
	gaelgica 23@gmail.com	
For further info	ormation concerning this matter, plea	se catt:
WILLIAM A N	MARTINEZ	
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a cl	heck for the following amount:	
□ \$25.00 Fili	ing Fee \$\forall \$30.00 Filing Fee & Certificate of Statu	(additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)
Regis Divis P.O.	stration Section sion of Corporations	Street Address: Registration Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GAELGICA L.L.C	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000064985</u>	were filed on $\frac{02/07/2021}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	vility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2781 MONTICELLO WAY
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE FL 34741
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new registered</u>
New Registered Office Address:	Enter Florida street address
	City , Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	APR 7
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to Epmply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
MGR	DAYERLIN C PAEZ		□Add
		2781 MONTICELLO WAY, KISSIMMEE FL 3474	l ≣Remove
			□Change
MGR	FREDDY J BRICENO SOTO	3213 WHOOPING CRONE RUN, KISSIMMEE FL	\exists Add
		34741	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			_ □Change
			APF Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			_ □Remove

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 605.020 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed focument's effective date on the Department of State's records.			
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