

L21000066092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

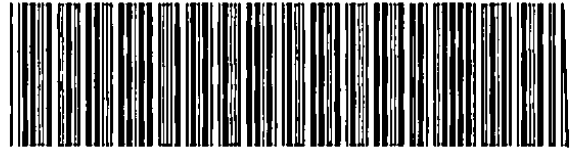
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/28/22--01012--009 **25.0

FILED
2022 NOV 28 AM 11:00
SUPERIOR COURT
CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

GAL-ISH LLC

SUBJECT: _____
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:

MARIA T. ZARRAGA

Name of Person

GAL-ISH LLC

Firm/Company

12130 SAINT ANDREWS PL APT 306

Address

MIRAMAR, FL 33025

City/State and Zip Code:

hellogal.ish@gmail.com

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

RECEIVED
TALLAHASSEE, FL
2022 NOV 28 AM 9:00

For further information concerning this matter, please call:

Maria T. Zarraga

954

6099850

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 Address:

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

TO
ARTICLES OF ORGANIZATION
OF

GAL-ISH 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 02/08/2021 and as
Florida document number L21000066092.

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 "

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3883 SW 169 TERRACE

MIRAMAR FL 33027

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3883 SW 169 TERRACE

MIRAMAR FL 33027

**B. If amending the registered agent and/or registered office address on our records, enter the name of the
agent and/or the new registered office address here:**

Name of New Registered Agent:

MARIA T. ZARRAGA Q.

New Registered Office Address:

3883 SW 169 TERRACE

Enter Florida street address

MIRAMAR

City

Florida

33027

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 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 amendment 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.

MARIA T. ZARRAGA Q.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

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

2022 NOV 28 AM 2:00
SECRET/RY 11 STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 02/07/2021 (optional)

(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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after record is filed.

Date: 02-07-2021

Signature of a member or authorized representative of a member

MARIA T. ZARRAGA Q

Typed or printed name of signee