

121000092727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

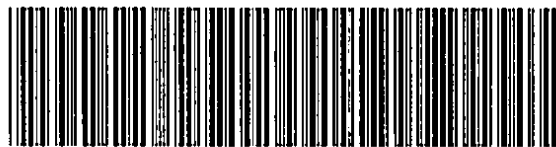
(Document Number)

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2021 DEC 13 AM 9:16  
SECRETARY OF STATE  
TOLSON

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Galini Group 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:

Angelo Garcia

\_\_\_\_\_  
Name of Person

Galini Group LLC

\_\_\_\_\_  
Firm/Company

100 S Ashley Drive, Suite 600

\_\_\_\_\_  
Address

Tampa, FL 33602

\_\_\_\_\_  
City/State and Zip Code

angelo@galinigroup.com

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

For further information concerning this matter, please call:

Angelo Garcia

813 613-7519  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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

2021 DEC 13 AM 9:15  
FILED  
CLERK OF COURT  
TALLAHASSEE, FL

FILED

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

Galini Group 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 February 24th, 2021 and assigned  
Florida document number L21000092727.

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

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

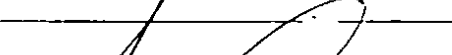
| <u>Title</u>      | <u>Name</u>       | <u>Address</u>        | <u>Type of Action</u>                   |
|-------------------|-------------------|-----------------------|---|
| Mr<br><i>AMBR</i> | Angelo R Garcia   | 6506 Camden Bay Drive | <input checked="" type="checkbox"/> Add |
|                   |                   | 201                   | <input type="checkbox"/> Remove         |
|                   |                   | Tampa, FL 33635       | <input type="checkbox"/> Change         |
| Mr<br><i>AMBR</i> | Mauricio Vilogron | 1067 Donegal Drive    | <input checked="" type="checkbox"/> Add |
|                   |                   | Melbourne, FL 32945   | <input type="checkbox"/> Remove         |
|                   |                   |                       | <input type="checkbox"/> Change         |
|                   |                   |                       | <input type="checkbox"/> Add            |
|                   |                   |                       | <input type="checkbox"/> Remove         |
|                   |                   |                       | <input type="checkbox"/> Change         |
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[illegible]

(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)

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 the record is filed.

ember 10 \_\_\_\_\_ 2021

 \_\_\_\_\_  
Signature of a member or authorized representative of a member

Angelo R Garcia \_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**