

121 000 110793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

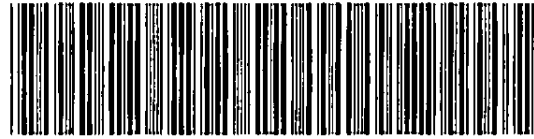
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900378303969

12-27-21--0.018--028 \*\*25.00

A. BUTLER

JAN 13 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Gallivanti 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:

Filing Yolanda

Name of Person

ZenBusiness Inc

Firm/Company

5511 Parkercrest Dr., Suite 103

Address

Austin, TX 78731

City/State and Zip Code

fulfillment@zenbusiness.com

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

For further information concerning this matter, please call:

Filing Yolanda

844

493-6249

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



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>                      |
|--------------|--------------|-----------------------------------|--------------------------------------------|
| AMBR         | Daryl Mendez |                                   | <input type="checkbox"/> Add               |
|              |              |                                   | <input type="checkbox"/> Remove            |
|              |              | 8252 NE 3rd CT<br>Miami, FL 33138 | <input checked="" type="checkbox"/> Change |
|              |              |                                   | <input type="checkbox"/> Add               |
|              |              |                                   | <input type="checkbox"/> Remove            |
|              |              |                                   | <input type="checkbox"/> Change            |
|              |              |                                   | <input type="checkbox"/> Add               |
|              |              |                                   | <input type="checkbox"/> Remove            |
|              |              |                                   | <input type="checkbox"/> Change            |
|              |              |                                   | <input type="checkbox"/> Add               |
|              |              |                                   | <input type="checkbox"/> Remove            |
|              |              |                                   | <input type="checkbox"/> Change            |
|              |              |                                   | <input type="checkbox"/> Add               |
|              |              |                                   | <input type="checkbox"/> Remove            |
|              |              |                                   | <input type="checkbox"/> Change            |
|              |              |                                   | <input type="checkbox"/> Add               |
|              |              |                                   | <input type="checkbox"/> Remove            |
|              |              |                                   | <input type="checkbox"/> Change            |

[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.

/s/ Daryl Mendez

Signature of a member or authorized representative of a member

Daryl Mendez, Member

Typed or printed name of signee