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(Requestor's Name)	,
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7/29/21



COVER LETTER

TO: Registration S Division of Co			
GALLO S SUBJECT:	UPPLY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	GEMA GALLO		
		Name of Person	
	GALLO SUPPLY LLC		
		Firm/Company	
	3624 MILLENIA BLVD /	APT 1111	
		Address	· · · · · · · · · · · · ·
	ORLANDO, FL 32839		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report n	otification)
For further information	concerning this matter, please co	all:	
GEMA GALLO		407 8640027	
Nатке (of Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addre		Street Address:	
Registration	Section Corporations	Registration S Division of C	
P.O. Box 633		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L	Company as it now appears on o limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on	and assigned
Florida document number	-·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designate	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
		, Florida
	City	, Florida 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 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>	Address	Type of Action
AMBR	GEMA GALLO	3624 MILLENIA BLVD APT 1111	🗀 Ad d
		ORLANDO, FL 32839	Пенюve
			= Change
AMBR	YESSIKA GALLO	4585 GARDENS PARK BLVD APT 6314	□Add
		ORLANDO, FL 32839	□Rensove
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ive date, if other than the date of filing:	IN ORDER TO OPEN AN A CHECKING ACCOUNT FOR OUR BUSINESS.	
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