

L21000312040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2021 AUG 25 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FL 32310

FILED

09/03/2021
JH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GALA TRADING 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:

LUZ AREVALO

Name of Person

Firm/Company

2304 LUCAYA LANE APT J4

Address

COCONUT CREEK FL 33066

City/State and Zip Code

LUZAREVALOCH@GMAIL.COM.

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

For further information concerning this matter, please call:

LUZ AREVALO

Name of Person

at (954) 554 0015

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

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2021 AUG 25 PM 4:17

GALA TRADING LLC

(Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company))

SECRETARY OF STATE
our records.
TALLAHASSEE, FLOR.

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 register 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LUZ AREVALO	2304 LUCAYA LANE APT J4	<input checked="" type="checkbox"/> Add
		COCONUT CREEK FL 33066	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALBERTO G. VASQUEZ	2304 LUCAYA LANE APT J4	<input type="checkbox"/> Add
		COCONUT CREEK FL 33066	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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)

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.

Dated AUGUST 17 . 2021

Alberto G. Jaspers.
Signature of a member or authorized representative of a member

Alberto G Vasquez
Typed or printed name of signer