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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	orporations		
SUBJECT:	GALA TRADINE		
	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspondent	ondence concerning this matte	r to the following:	
	2 V Z	P ANEVALO Name of Person	
	· · · ·	Name of Person	
		Firm/Company	
	2304 Lu	Address	JY
		Address	
	COCONUT C	:REEK FL 33066	<
		City/State and Zip Code	,
	LUZARFVALO	·	
	E-mail address: (CH @ GMA, L - COM (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all;	
202	AREVALO	954 \ 554	- 00 15
	f Person	at (<u>954)</u> 554 Area Code Daytimo	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee		☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	Section	Street Address: Registration Sec	
Division of Co P.O. Box 632	•	Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

GALA T	RADING	LL & LISEN 13	1 H :01 MA	
(Name of the Limited	Liability Compar Florida Limited L	<u>iability Company)</u>	ur records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L 2 1000</u> 312	oility Company	were filed on <u>08/</u>	25/2021	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, <u>enter the new name of t</u>	<u>he limited liabi</u>	lity company here:		
he new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designa	tion "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applical	ble:			
Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B	<u>ON)</u>			
B. If amending the registered agent and/or reg igent and/or the new registered office address	gistered office a here:	address on our record	ls, <u>enter the nan</u>	ne of the new register
Name of New Registered Agent:	202	AREJALO LUCAYA LAM Enter Florida sta		
New Registered Office Address:	2304	LUCAYA LA	IE APT ,	4
1.0				
	COCONU	OT CREEK	, Florida	33066
		Citv		Zip Code

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:

MIGR = M $AMBR = A$	anager authorized Member	SET/SE	
<u>Title</u>	<u>Name</u>	Address A///0:4/	Type of Action
AMBR	ALBERTO G. VASQUEZ	2304 EUCAYA LANE APT JY	□Add
		COWNUT CREEK FL 33066	⊠Remove
			□Change
MGR	LUZ AREVALU	2304 LUCAYALANE APT JO	<u>4</u> BAdd
		COLONIT WEEK FL 33066	□Remove
			□Change
			🗆 Add
			□Remove
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Effective date, if other than the defeate of an effective date is listed, the date must be a lift the date inserted in this bloe document's effective date on the Dep	k does not meet the appli	icable statutory film	ore than 90 days	optional) after filing.) Purs s, this date will	uant to 605.0207 (not be listed as t
e record specifies a delayed effective of distilled.	late, but not an effective	time, at 12:01 a.m.	on the earlier o	of: (b) The 90t	h day after the
Dated SEPTEMBER	10 . 202	<u></u>			
		Survey	lico		<i>)</i> .