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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

GAMALU EXPRESS LLC SUBJECT: 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: JAVIER CASALLAS Name of Person GAMALU EXPRESS LLC Firm/Company 25490 COCKLESHELL DRIVE Address **BONITA SPRINGS FL 34135** City/State and Zip Code JAVIERCASALLASGAMALU@ICLOUD.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JAVIER CASALLAS 863 265-0141 at (___ Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee **■** \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fcc, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section **Registration Section Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

GAMALU EXPRESS LLC

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

(A Florida Limi	ted Liability Co	Company)	π		
The Articles of Organization for this Limited Liability Comp	any were file	led on 03/08/2022 and aggigne			
Florida document number L22000117287		22			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited l	liability com	mpany here:			
GAMALU EXPRESS LLC					
The new name must be distinguishable and contain the words "Limited L	iability Compa	pany," the designation "LLC" or the abbreviation "L.L.C.			
Enter new principal offices address, if applicable:	25490 () COCKLESHELL DRIVE			
(Principal office address MUST BE A STREET ADDRESS	BONIT	ITA SPRINGS FLORIDA 34135			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address o	on our records, enter the name of the new re	<u>gister</u>		
Name of New Registered Agent: JAVIER CA	ASALLAS				
New Registered Office Address: 25490 COC	ed Office Address: 25490 COCKLESHELL DRIVE				
	Enter Florida street address				
BONITA S	PRINGS	, Florida 34135			
	City				
New Registered Agent's Signature if changing Pegistered Age	net.				

egistered 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 ador-removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	JAVIER CASALLAS	25490 COCKLESHELL DRIVE	≣ Add
		BONITA SPRINGS FLORIDA 34135	□Remove
			□Change
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			Change
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	05/9/2022
Effective (If an effe	tive date, if other than the date of filing: (optional) (optional) (optional)
Note:	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
aocumo	nt's effective date on the Department of State's records.
ne record	expecitive a delayed effective data but not an effective time at 12.01 and a three line of the The Both Law Booth
ord is file	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 d.
Dated_	5/09/2022
	Signature of a member or authorized representative of a member
	organize of a member of additional representative of a member
	JAVIER CASALLAS
	Typed or printed name of signee