L22000282928

(Re	equestor's Name)	
(Ad	idress)	
,	,	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	





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71/5/24 KH

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Gale 4, LL Name of Limited Lia	bility Company
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
	Lanes Name of Person
	Firm/Company
2909 SW 1	45 Address
	State and Zip Code Set 77 @ Yahoo. com ed for future annual report potification)
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, please call:	
Gilberto Llanes	at (786) 523 - 8684
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gale 4.	Lic
(Name of the Limited Li (A Fl	ability Company as it now appears on our records.) orida Linated Liability Company)
The Articles of Organization for this Limited Liabili Florida document number <u>L 22000 29</u>	by Company were filed on 6 22 22 and assigned on 2928.
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our records, <u>enter the name of the new registered</u> :
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 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
M6R	Dioskota Careaga	2809 SW145ct Miami F2 33175	i Add
		MIUNITUSSIA	□Remove
			□Change
			🗆 Add
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			□Remove
			□Change
			🗆 Add
			⊡Remove
			□Change

). II ai	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the reco	ord 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 filed.
Date	June 21. 2024.
	Signature of a member or authorized representative of a member
	Colberto Llanes