## 422000290135

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## **COVER LETTER**

TO:

	Registration Se Division of Cor			
elu luca		TWORK LLC	;	* .
SUBJEC"	I:	Name of Lin	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	um all correspo	ondence concerning this matter	to the following:	
	;	GUSTAVO CALDERON		
			Name of Person	
		GALIA NETWORK LLC		
			Firm/Company	<del></del>
		15291 SW 18TH STREET		
			Address	<del></del>
		MIRAMAR, FL. 33027		
			City/State and Zip Code	
		GCALDERONR02@GMA		<del></del>
			to be used for future annual report notif	fication)
For further	r information c	oncerning this matter, please c	all:	
GUSTAV	O CALDERO	N'	954 999-7149	
<u>.</u> .	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed i	is a check for th	ne following amount:		
□ \$25.04	0 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)
_	lailing Addres		<u>Street Address:</u> Registration Sec	rtion
Registration Section Division of Corporations			Division of Cor	
þ	P.O. Box 632	7	The Centre of T	allahassee
Т	fallahassee, l	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GALIA NETWORK LLC

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

(A Florida	( Limited Clabinty Company)	📜 🔀	
The Articles of Organization for this Limited Liability Co Florida document number 1.22000290135	Tompany were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
GAIA NETWORK LLC			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(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:	d office address on our records, <u>enter th</u>	e name of the new registers	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Flori	(du	
	City .	da Zip Code	
New Registered Agent's Signature, if changing Registered	d Agent:		
I hereby accept the appointment as registered agent (	and agree to act in this capacity. I furth	ner agree to comply with th	

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>	Name	Address	Type of Action
			□Remove
	I		□Change
			□Add
			□Remove
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	06/27/2022		
Effect	date, if other than the date of filing: (optional ye date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date of filing or more than 90 days after filing the date of filing or more than 90 days after filing the date of filing or more than 90 days after filing the date of filing the		5.0207 (.
Note:	the date inserted in this block does not meet the applicable statutory filing requirements, this dat 's effective date on the Department of State's records.		
e reco rd is fi	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) T	The 90th day afte	er the
Dated	ULY 7,		
	de la		
	Signature of a member or authorized representative of a member		

Typed or printed name of signee