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Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC
Account Number : 120140000084
Phone : (305)527-6617
Fax Number : (786)713-1940

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GALO SPORTS PRODUCTIONS LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

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K. SALY

SEP - 6 2023

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GATO SPORTS PRODUCTIONS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/03/2023 and assigned
Florida document number 123000005602

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 "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

18501 PINES BLVD SUITE 368

PINBROOK PINES, FL 33029

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18501 PINES BLVD SUITE 368

PINBROOK PINES, FL 33029

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

BILLALIMA LLC

New Registered Office Address:

18501 PINES BLVD SUITE 368

Pine Brook Pines, FL

PINBROOK PINES

Florida 33029

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)

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	LOSA, GASTON RODRIGO	9 LEDGEWOOD FOREST COURT	☒ Add
		THE WOODLANDS EX 7754	☐ Remove
			☐ Change
AMBR	PEREIRA, LUCIANA BEATRIZ	9 LEDGEWOOD FOREST COURT	☐ Add
		THE WOODLANDS EX 7754	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(attach additional sheets if necessary)*

ALL INFORMATION CONTAINED
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DATE 11-15-2011 BY 60322
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F. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 23RD 2023

Signature of a member of authorized representative of the firm: _____

LUCIANA REALEZ PARRIS

typed on proper work of space

Filing Fee: \$25.00

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