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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Con				
GAGA 776	6 SW 5 ST LLC			
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Carlos Condarco Esq			
		Name of Person	<u> </u>	
	Condarco Law Firm PLLO	C		
Firm/Company			<u> </u>	
	8600 NW 36 Ave			
		Address		
	Miami, FL 33147			
		City/State and Zip Code		
	g7miami@aol.com	to be used for future annual report no	NAME OF THE OWNER O	
For further information c	oncerning this matter, please c	·	imcations	
Carlos Condarco Esq		561 213-5785		
Name o	f Person	at () Area Code Daytir	me Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 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)	
Mailing Addres Registration S		Street Address:	nation	
Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GAGA 7/6 SW 5 ST LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	1
The Articles of Organization for this Limited Liability Comp. Clorida document number		and assigned
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 I	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	20.8
		. 24
Enter new mailing address, if applicable:) 1
Mailing address MAY BE A POST OFFICE BOX)		~~ ,
3. If amending the registered agent and/or registered off	ice address on our records enter th	O name of the new regist
gent and/or the new registered office address here:	ice address on our records, enter th	ie name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 Changing Registered Agent, Signature of New Registered Agent

If an ending 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
MGR	Gabriella R Davis	8600 NW 36 Avenue	■ Add
		Miami, FL 33147	□ Remove
			Change
MGR	Roberto Fernandez Moran	8600 NW 36 Avenue	
		Miami, FL 33147	□ Remove
			□ Change
			□Add
			Remove
			🗀 Add
			□ Remove
			□Change
-			
		□Remove	
		.	□Change
			□Add
			□Remove
			□ Change

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fective date, if other than the an effective date is listed, the date must ote: If the date inscreed in this blocument's effective date on the D	ock does not meet the ap	plicable statutory	or more than 90 days filing requirement	optional) safter filing.) Pursuant to s, this date will not be	o 605.0207 e listed as
record specifies a delayed effectiv is filed.	e date, but not an effecti	ve time, at 12:01 a	ı.m. on the earlier o	of: (b) The 90th day	after the
July 26 ated	2024	·			
	Signature of a member or	Corder	2/5/		_

Filing Fee: \$25.00